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# The Eclectic Review

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# THE ECLECTIC REVIEW

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## Hints and Winnowings.

**Mothers** with fashionable tendencies are not as bad, nor as heartless, as they often appear—they are simply slaves to fashion and what they mistakenly believe to be "good form." If it could be made fashionable for them to nurse their own infants, a lessened demand for prepared baby foods, as well as a decreased death-rate, would soon follow. There are many sensible women in so-called good society who lead an active life, keep all of their social engagements and still nurse their own children. There is no valid reason why every healthy woman should not furnish her offspring with the food to which it is clearly entitled. Nurses are liable to be meddling, and begin to feed the child milk from the time of its birth, as well as try to please the mother by telling her that it is quite unnecessary for her to nurse her infant. A great deal of harm is done in this way, and many lives are lost by feeding the child milk from the moment of its birth. Nature furnishes the child no milk for the first two or three days. If fed at all, it should be with water, to which, perhaps, a few drops of milk may be added. Some nurses seem afraid to give children water to drink. The child cries and opens its mouth, into which the nurse puts more milk, while the infant may be suffering from the effects of being given milk too freely. Many nurses seem unable to distinguish hunger from thirst. I have many times seen crying babies become quiet and quickly go to sleep after being given a few teaspoonfuls of water. There is no equivalent for human milk, and a woman should either nurse the being she brings into the world or furnish it a wet nurse—one who can successfully pass a medical examination, showing that she is free from disease, and especially that she is not contaminated by diseases of a venereal character.

In an interesting article on the duties of women to their offspring, Dr. Alice Scharlice, a popular physician of England, pointedly remarked in substance that doctors had been greatly to blame in previous generations, and now nurses were very much to blame for they were constantly advising mothers not to nurse their babies. Until the women of the upper classes followed the example of the highest lady in the land and looked after their own families we should not have the race we ought to have. There was a tremendous responsibility resting on women doctors. The primary duty of a woman was to bear a healthy child and suckle it.

Schools for mothers are urgently needed, and while municipal governments are seeking means of lessening infant mortality it would be well to consider such schools. Mothers should be instructed in all things relating to the rearing of children, including the importance of having them properly clothed. Many children die from chills of the abdomen. The need of fresh air should be urged, as well as the fact that danger may result from undue exposure of infants while obtaining it.

**Fluorescin** is used by Dr. Icard, a French professor, as a means of ascertaining whether a human being is really dead. The professor claims that his method will prevent the possibility of a mistake being made. The method is certainly attracting the attention and receiving the endorsement of many able observers. Dr. Icard's procedure consists of a subcutaneous injection of fluorescin—a substance which is said to be free from any evil effects. It is the most vivid coloring matter yet discovered. According to this French professor, if there is the slightest motion of the blood, the fluorescin is carried around the body, coloring it a vivid golden yellow. At the same time the eyes become a deep emerald-green. If the person is really dead the fluorescin does not change the appearance of the body. If further experience justifies the professor's claims, his discovery will prove of great value, as well as much relief, to the human race.

**Medical students** attending the colleges of the three regular schools of medicine number about 1,600 less than in any other year since 1900. There are several causes for this greatly decreased number of medical aspirants, prominent among which is the closing of a large number of medical colleges. The greatly increased cost of living may also have had something to do with this decrease in the usual number of students, through making it impossible to provide for the expense of obtaining the thorough medical education now demanded. Then, again, the average physician's income is far from being in keeping with that of a vocation requiring the time and money needed in order to prepare one for the successful practice of medicine. Furthermore in this age, when the expensive automobile



is deemed the most suitable vehicle in which to visit patients, and the no small amount of money required for the outfitting of an up-to-date office, may cause many young men to doubt the advisability of attempting to become physicians. Still, any energetic young man can overcome all obstacles. Laboratory doctors, who know nothing of the actual practice of medicine, are constantly stating that the medical profession is overcrowded, but it is not, and the demand for bright young physicians is urgent. At least one thousand well qualified young Eclectics could to-day find profitable locations. In our only partially developed country the demand for a large number of young physicians will continue for many years to come.

**Temperature** in bronchitis, it is well to remember, has no diagnostic value. A patient may have a temperature of 104° F. at one hour and of 100° F. at another time of the same day. A paroxysm of extreme dyspnea, great restlessness and constant tossing from side to side, may be attended by a temperature of 105° F. or even more. After a severe attack of coughing, ending with vomiting and followed by sleep from exhaustion, the temperature may drop to 100° F.

**Early diagnosis** of pulmonary tuberculosis is now more readily made through the means of a new sign discovered by Professor Lombardi of Naples. In describing the Lombardi sign the *Medical Record* says that it consists in the appearance of venous varicosities in the neighborhood of the spinous processes of the seventh cervical and of the first three thoracic vertebrae. They are either quite evident or may be made visible by a gentle transverse stroking of the skin. They may be most minute and few or many in number. There may be a slight accompanying edema, and the patient may complain of tenderness in this region when it is pressed upon. The sign is present in from 88 to 90 per cent. of the cases, and has been called by the discoverer the "varicose zone of warning." It is to be noted when the apices are infiltrated, as shown by diminished respiratory murmur, supraclavicular and supraspinous dullness, etc. Lombardi thinks these varicosities are analogous in origin to the enlarged veins that are distributed over the chest in cases of hypertrophy or congestion of the peribronchial glands, in asthma, in bronchitis, and in pulmonary emphysema, in which the left superior intercostal vein and its tributaries are pressed upon. But in these cases the venous enlargements are found chiefly in the lower part of the thorax. Lombardi's sign appears most frequently in cases of disease of the right apex. It is of particular value in children from five to ten years of age and in adolescents.

**William Colby Cooper, M. D.**

After a full and versatile career, Dr. William C. Cooper, physician, editor and litterateur, passed from among the living, on December 6, 1913, at his home in Cleves, Ohio. Dr. Cooper reached the full ripe age of seventy-eight years. For many years he was familiar to Eclectic readers through his witty, pungent and peculiar editorials. Some years ago he established a medical journal in Indianapolis, but its existence was short. In the latter part of the eighties, he established and was for years the editor of *The Medical Gleaner*, where his forceful pen and peculiar phraseology gained him many admirers. His literary style was essentially his own, and, so far as we know, had no prototype. Dr. Cooper was the author of several small books, and some of his poems possessed real merit. Of a singularly retiring disposition, yet he had myriads of friends, and his personality was remarkable for its kindness and sweetness. We do not believe he had an enemy of his own making, but friends and admirers were many, and they will be grieved to know that he, too, has "joined the innumerable caravan."—*Eclectic Medical Journal*.

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**Original Articles****A Few Salient Points in the Mechanism of Immunity.**

BY DAVID ALPERIN, M.D.

(Read at the November meeting of the N. Y. Specific Medication Club.)

The progress of Medicine along the line of its clinical and therapeutical aspects has been constantly evolving from a purely empirical to a more scientific foundation. It has resulted partly in overhauling the then existing system of therapy and partly in substituting it entirely by the now almost ubiquitous systems of sero-, vaccino-, and chemotherapy.

In Vienna, Skoda and Rokitansky, were the founders of the nihilistic school of medicine; and from its inception up to the present time its followers have been deriding, and have attempted to throw into oblivion, all therapeutic efforts in the form of medicine, or drugs except morphine and quinine perhaps. They would say with our Oliver Wendel Holmes: "Throw out opium and a few of the specifics; throw out wine which is a food and the vapors which produce the miracle of anaesthesia, and I firmly believe, that if the whole of materia medica as now used could be sunk in the bottom of the sea, it would be better for mankind and worse for the fishes." This is also the opinion of our contemporary, Sir William Osler, the champion of the nihilistic school in the English speaking countries.

The medical practice, according to such champions of Hippocrates, consists practically in diagnosing the organic lesion if there be one, and eventually proceeding as it were to the next step in the scientific treatment of the patient, to the autopsy table, for final corroboration of the clinical findings. It is a careful study, and even according to modern teachings, undoubtedly purely scientific, but is no treatment for unscientific patients, who do not believe in euthanasia and above all do not think themselves ready for it.

Another class of physicians, however, together with Virchow, the great philosopher, pathologist and at the same time physician, believed that the attainment of success in the treatment of the sick was paramount, formed a singular contrast with the nihilistic sons of Hippocrates. They did not believe in the scientific investigation of the patient to the exclusion of all other methods of treatment or cure.

The physician should lay stress and should be judged on his success in the treatment rather than on purely scientific results alone. The prevalent opinion today is that of the medical nihilist. He is an "investigator" and incidentally prescribes some medicine just to get his fee. He is the hypocritical agent of the medical profession and is doomed to early perdition as a medical practitioner. Thus the useful and optimistic medical practitioner is metamorphosed into a useless perverted skepticist, and the healing art of Hippocrates becomes a purely scientific procedure dealing with organic lesions in the patient and its pickled specimens in the jars of the pathological laboratory.

The very careful bacteriological investigations have led to the discovery of the nature and etiological factors of many diseases hitherto unknown. These investigations have progressed almost contemporaneously with the researches of the pathologist, in reference to the laws of immunity, governing the processes going on in the living organism during the course of so-called infectious diseases.

The advent of sera and vaccines has marked a new epoch in the prolific field in immunotherapy. The service of Pasteur, Jenner, Koch, Waugh, Roux, Ehrlich, Wassermann, etc., have been of no unimportant importance. They have laid the foundation to the rational system of serum-, and vaccino-therapy.

It is known to everybody that the mere entrance of a pathogenic micro-organism into the animal body through the mechanical defenses such as skin or mucous membrane does not necessarily lead to the development of infection. It is plain, therefore, that the animal body must possess more subtle means of defense, by virtue of which pathogenic germs are, even after their entrance, into the tissues, disposed of or at least prevented from proliferating and

elaborating their poisons. This we are able to accomplish by the resistance, which to some degree is common to all members of the animal kingdom and which is spoken of as immunity.

The terms resistance and immunity, as well as their converse susceptibility, are relative terms. The word immunity does not imply that an individual spoken of as being immune could not be infected with exceptionally large doses or under certain unfavorable circumstances. Absolute immunity is exceedingly rare. The power of resisting any specific infection is spoken of as natural immunity. It may on the other hand be acquired either artificially or accidentally, and is then called acquired immunity.

(Acquired Immunity.) It is a matter of common experience that many of the infectious diseases occur but once in the same individual. This is the case with typhoid, yellow fever and the exanthemata, and is too general an observation to require extensive illustration. Resistance acquired in this way is spoken of as acquired immunity.

Pasteur before all others realized the possibility of artificially bestowing immunity without inflicting the dangers of the fully potent infective agents. With this end in view he carried out a series of investigations with the purpose of discovering a method of so weakening or attenuating various incitants of diseases that they could be introduced into susceptible individuals without endangering life and yet without losing their properties of conferring protection. This method of conferring immunity by treatment with either attenuated or sublethal quantities of the infectious agent or its product is known under the name of "active immunisation." Active immunisation may be accomplished with attenuated cultures, with sublethal doses of fully virulent bacteria, with dead bacteria and with bacterial products. In active immunisation the high resistance in the treated individual is developed by virtue of its own physiological activities. This method is employed as a prophylactic measure against possible infection or in the treatment of localized acute infections, or at the beginning of a long period of incubation before actual symptoms have appeared, as in rabies or in chronic conditions in which the infection is not of a severe or acute nature.

A new and therapeutically more hopeful direction was given to the study of immunity when, in 1910, V. Behring discovered that the sera of animals immunized against the toxins of tetanus and of diphtheria bacilli would protect normal animals from the poisonous action of these substances. The animals thus protected obviously had taken no active part in their own defense, but were protected from the actions of the poison by the substances transmitted to them from the actively immunized animals. Such immunity or pro-



tection, therefore, is a purely passive phenomenon so far as the treated animal is concerned, and for this reason, the process is called "passive immunization"

Passive immunization of this description is practically applicable chiefly against diseases caused by bacteria which produce powerful soluble toxins, and the sera of animals actively immunized against such toxins are called antitoxic sera.

Micro organisms, however, which exert their harmful influence rather by their toxin content of the bacterial cell than by their soluble toxins, do not produce antitoxin in the immunized animals. The substances which they call forth, in the process and which are called "lysins", are directed against the invading organisms themselves in that they possess the power of destroying the specific germs used in their production.

Such antibactericidal sera are extensively used in the laboratory in the passive immunization of animals against a large number of germs, and are fairly effectual when used before, at the same time with, or after infection. Their therapeutic use in human disease, however, has up to the present time, been disappointing and their prophylactic and curative action has been almost invariably ineffectually feeble at best, except when the antibactericidal sera could be brought in direct contract with the germs, in closed cavities, or localized lesions. In epidemic cerebral spinal meningitis, such sera have proved useful in the hands of Flexner, who injected it directly into the spinal canal.

The formation of antitoxins directed against soluble poisons, however, did not explain the immunity acquired by animals against bacteria like *Bacillus anthracis*, the cholera vibrio, and others which unlike diphtheria and others such as tetanus produce little or no soluble toxin.

Much light was shed upon this phase of the subject by the discovery of Pfeiffer who showed that when cholera spirilla were injected into the peritoneal cavity of cholera immune guinea pigs, the microorganism rapidly swelled up, became granular, and often underwent complete solution. The reaction was specific in that the destructive process took place to any marked extent only, in the case of the bacteria employed in the immunization. The destructive specific process, in the immune serum for the vibrio of cholera was thus established. The specific constituents of the blood serum which gave rise to this phenomenon were called "bacteriolysins".

Gruber and his co-workers noticed that when certain bacteria are brought in contact with the serum of an animal immunized against them they were clumped together, deprived of motility, and agglutinated. This phenomenon is called agglutination, and the substances responsible for the reaction are called agglutins "Widal reaction."

Extensive investigations have shown, however, that the power of stimulating antibody production is a phenomenon not limited to bacteria and their products alone.

Bordet and others have shown that the serum of animals injected with the defibrinated blood of another species exhibited the specific power of dissolving the red blood cells of this species. This experiment shows the development in the injected animal of an antibody lysins, specific for red blood cells or a cytolytic; this phenomenon is known as "haemolysis". (Amboceptor complement in the Wasserman haemolytic test.) Specific cytotoxins or cytolytic or cell destroying bodies have been prepared by Metchnikoff. He succeeded by repeated injections of spermatozoa in producing a serum which would injure these special cells. Similar experiments have been made with different tissue cells, such as leucocytes pancreatic, kidney cells, etc., (antitrypsin).

The fact that most cytotoxins are haemolytic as well, has been a great disappointment in regard to the problem of malignant tumors, and this problem calls for more research especially as regards the cytotoxin question.

In concluding this paper which by no means covers the subject undertaken, and which was prepared with the intention of giving a synopsis only of the main points regarding the various serum reactions and its therapy, I would like to add the definition of the term antigen which has crept into general usage, and conveniently so, any substance, which, when injected into the organism, will induct antibody formation, is called antigen. They belong to the protein class and are for this reason all colloids, with few exceptions.

New York City.

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### Treatment of Puerperal Eclampsia.

BY JAMES MORAN, M.D.

I trust the history of the following case will prove of interest to your readers:

I was called to see Mrs. B. about 11 p. m., and found her unconscious. Motor and sensory reflexes absent. The Cornea did not respond to light. Froth was coming from the mouth, pulse about 130 to 135, rectal temperature  $106\frac{1}{2}$ . About noon the same day this woman was delivered of a live baby, by a midwife. Soon after delivery she had a severe convulsion. The midwife becoming alarmed sent a messenger for the nearest Doctor, who prescribed some tablets for the patient, to be taken every half to one hour, and left. The convulsions soon returned, and the midwife sent for another Physician, who came at 3.30 p. m., and prescribed Chloral

and Morphine, and also Antipyrin, and gave this to the woman as long as she was able to swallow.

This treatment failed to control the spasms. She became comatose about 7 p. m., when the Doctor left the house, telling the family that all that could be done to save the woman had been done, and that there was no hope for her recovery, and that he would make out the death certificate the next morning.

I was then called, and found her in the condition already stated.

I immediately gave her 20 m. of Norwood's Tinc. Veratum Veradi hypodermatically, which I repeated every hour or two until the pulse came down to 65. All medication had to be given by Hypodermic or per rectum, as she was unable to swallow. I also gave her a hot pack, and a high rectal enema, using soda Bicarb. instead of salt.

The hot packs and enemas were repeated every three hours during the night. By morning partial consciousness was restored, that is, she could move her limbs slightly, and open her eyes. During the next day, the bowel was washed out twice with soda instead of salt in the enema, and milk and egg was given by bowel as nourishment. That night she was able to swallow the medicine, and take a little nourishment by mouth, after which the hot packs and rectal enemas were discontinued, as the skin and kidneys were acting freely.

The following day the patient had fully regained consciousness, and was able to speak, and recognize all members of the family.

The Physician who had given up all hope for her recovery, came around the next morning to learn why they had not sent for the death certificate. I happened to be there at the time, and recognized him. He asked me what I was doing there. I replied that I had been called in to see Mrs. B. "Why," said he, "is she alive?" I invited him to step inside to see Mrs. B. The look of surprise and astonishment that came over his face was a picture. Mrs. B. continued to improve every day, and the treatment for a few weeks consisted principally of liquid nourishment, diuretics and tonics.

The history of this case shows what can be done in such serious conditions of convulsions, and how many may be saved, when the proper treatment is instituted.

No physician should engage to attend a woman in confinement, unless he understands, and takes all the necessary means to prevent if possible such an unfortunate occurrence as puerperal convulsions. He should know how to treat it, if it takes place. It is time that the public should be educated up to the necessity of the special care that the pregnant woman should have, both before and during confinement.

As soon as people are made to realize the many dangers and complications connected with pregnancy and labor, and that many cases require the greatest care and skill on the part of the physician, in order to save the life of the mother and child, and bring about a happy termination, of this serious period in a woman's life, they cannot appreciate the anxiety of the physician called to attend one of these extreme cases.

As a rule, every woman should place herself under the care of a competent physician in the early months of pregnancy, so that he may have ample opportunity to make the necessary physical examinations. Special attention should be given to the examination of the urine, and this should be examined in a laboratory. If it contains casts, albumen, sugar, acetone, urea, chlorine, indoxyl, diminished or in excess, the patient should be given appropriate treatment and diet at once. The total quantity of urine passed in the 24 hours should be measured occasionally, and the specific gravity and total solids noted.

In the latter months of pregnancy, the physician should examine the pelvis of the patient, to ascertain if it be large enough for a child at full term to pass through, and also to find out if any abnormal conditions exist, such as tumors, etc., that would interfere with normal delivery.

The physician should instruct the patient as to the proper kind of diet, clothing, exercise, regulation of the bowels, frequency of bathing, the proper time for it, and the temperature of the water. The care of the nipples, so as to avoid future trouble with them, the proper time to discard the corset for the maternity corset. The patient should also be instructed to notify her physician whenever she observes any swelling or oedema of the limbs. Headaches, floating spots before the eyes, or any change in mental condition. These are all danger signals that should be brought to the notice of the physician. All pregnant women should be frequently seen by the physician, so that he may detect, if present, any general symptoms of Toxemia, or convulsions. The physician should frequently take the blood pressure of the patient, as this is very important, and sometimes the key to the situation. If the blood pressure is above 145, or 150 m.m., it is an evidence of the overcharging of the blood with toxic material, and when the pressure goes up to 160 m.m., convulsions are threatened.

"Nowhere, more than in Obstetrics does the old maxim hold true, that prevention is better than cure, find a better or a truer application."

262 West 83rd St.



## The Operative Surgery of Malignant Disease.

BY LEWIS LANZER, M.D.

Read at a Meeting of the Kings County Eclectic Medical Society.

This paper is intended to give as clear and precise an account as possible of the present relations of operative surgery to malignant disease.

Such an account involves a great amount of tedious labor, and, as often, very disappointing, on account of the imperfect information at hand of the later results of surgery for malignant disease.

In spite of this, I feel that such a review is necessary, and that it ought to be undertaken and renewed from time to time, first, because I am sure that the good results of operations, as for malignant disease, have been greatly underrated in many quarters; secondly, because I feel equally sure that there is in other quarters still a tendency to carry operative surgery to an unjustifiable length.

It is, therefore, of the highest importance that we should be in possession of as complete information as we can obtain of the results of operations for malignant disease, and that we should make some attempt to formulate our practice in accordance with this information.

First, the reduction of the immediate mortality of almost all operations is very striking.

I need hardly say that this is due to our modern aseptic methods and to the much greater care which has been devoted to carrying out the details of methods adopted.

This is particularly evident in the results of amputations for malignant disease.

On the other hand, the mortality of the operations for malignant disease of some parts of the body is not much less than it was a dozen years ago.

Removal of the upper jaw, for example, still furnishes a very high rate of mortality.

This is due to the fact that a recognition of the exceeding liability to local recurrence of malignant disease of the upper jaw has led to the performance of much larger local operations.

Secondly, the extreme importance of a close study of the minute anatomy and pathology of each kind of malignant disease in each separate part of the body in which it occurs, and would cite as examples of it the following:

The influence of researches into the minute anatomy and pathology of cancer of the breast and the character and extent of operations performed for the removal of the disease, and the much greater success which has been attained;

The large influence which a recognition of the essential dif-

ference between intrinsic and extrinsic cancer of the larynx has produced on the operative surgery of malignant disease of the larynx, and of the much greater success which has been achieved in consequence.

Up to the present time experimental pathology has done little or nothing to elucidate the difficult problems associated with malignant disease, but accurate observation has done much, and will, I feel sure, do more in the immediate future.

It is the only true foundation on which a rational method of operative procedure can be applied to the treatment of malignant disease. Within this general law, there is another which must not be lost sight of in actual practice. Not only is there a vast difference in the possible course and effects of similar varieties of malignant disease in different parts of the body, but there is often a remarkable difference in the course of tumors of similar structure arising in the same part of the body, and apparently in precisely similar conditions.

I believe that this refers more to the comparative rate with which the disease runs its course than to any other property. It is a matter of common knowledge that there are occasional cases of very slow running carcinomas of the breast where the tumor has only reached a very small size at the end of many years, and many years elapse before the glands are affected or the disease disseminated.

Yet these events occur, given the necessary time and stimulus. Again, while epithelioma of the lower lip is a notoriously mild disease, there occur from time to time cases which present extraordinary malignancy. It may be accepted as a general rule to which there are few exceptions, that the slow growing carcinomas are the most favorable for a radical operation, and that the quick growing carcinomas are the least likely to be successfully removed.

Thirdly, the value of early diagnosis in the operative surgery of malignant disease is very important as to the question: Shall we do a radical or palliative operation? Early operation can only follow early diagnosis.

Hence, the supreme necessity for a continued and active study of the diagnosis of malignant disease in every part of the body; and not only of actually existing malignant disease, but of the conditions which precede the occurrence of malignant disease, predisposing conditions and pre-cancerous stages.

I believe that these conditions will be found to be much more common than they are thought to be.

Unhappily, imperfection of diagnosis is not the only obstacle to early operation.

There is the ignorance of the patient, and the unwillingness to

undergo an operation at an early period of the disease, perhaps worse than this is the attitude of a number of medical men towards operations for the cure of cancer.

They have seen so many unsuccessful operations performed for cancer in all parts of the body that many of them are sceptical of the possibility of cure by an operation.

They advise operation, it is true, in many instances in which they have no hope that it will prove to be successful; but they do so solely in the hope of alleviating the distress of their patients, and often defer doing so until all hope of permanent success is past. On the subject of the cure of cancer, a very large number of our profession are fatalists. They look on their patients with cancer as doomed.

It is scarcely to be wondered at that men in general practice should take a gloomy view of the results of operations for cancer, for it falls to their lot to see the recurrence of the disease or the outbreak of it in some other part of the body, and they have to bear the distress of attending the patients through to the bitter end. I can better understand their attitude than that of the operating surgeons who take a similar gloomy view.

Once cancer, always cancer?

If, after the operation, a woman does not die of cancer of the breast, she will certainly die of cancer of some other part of the body. This kind of high Calvinism in regard to cancer is very unfortunate, for it leads to the deferring of operations, which ought to have been performed far earlier; it leads to hopelessness on part of the patient; and it is very difficult to combat successfully. If a patient lives eight or ten years after a successful operation for cancer, there is no doubt the disease would have recurred had the individual lived longer.

As to the three year limit, that is far too short.

To the first of these objections, we are now able to reply with accurate accounts of the general and microscopical character of the disease, to the second there is really no reply.

The third must be dealt with at more length.

The three years' limit is a purely arbitrary period of probation. If a patient is well at the end of three years after the operation for malignant disease, the patient is spoken of as cured by the operation for malignant disease of the tongue, the tonsil, and the parotid, the three years' limit is much too long.

For the breast it is sufficiently correct. For the lower lip and face it is too short. Certainly the three years' period of probation is not in favor of the "cured" cases, and does not make the results appear more flourishing than they really are.

On the other hand, there is a great tendency on the part of

some surgeons to operate for malignant disease as long as there is life in the patient.

The severity of these operations, and the miserable condition in which the patient has been left by them is only too true.

It is difficult to tell which to admire the most—the boldness and skill of the surgeon, or the extraordinary endurance of the patient, and it is equally difficult to understand that either the patient or the surgeon could think life worth living under the conditions of recovery.

Large, even very large, operations for malignant disease are frequently justifiable, even when they offer little or no hope of permanent cure, provided they are very likely, indeed, to afford very considerable relief during the time the patient lives.

The danger of the operation need scarcely be taken into consideration, provided the patient who recovers is certain to be relieved. But what is to be said of a huge operation which is followed speedily by recurrence of the disease in the mouth or pharynx, and which renders it necessary for the patient to breathe through a trachetomy tube, to feed through an oesophageal tube, or to speak through an artificial larynx?

The saving of life at such an expense seems only justifiable under very rare conditions.

The more I see of operative surgery for malignant disease, the more I become impressed that the larger and more dangerous to life an operation, so much the less likely is it to be permanently successful; that the earlier a carcinoma is removed, so much more likely is the operation to be permanently successful.

Early and thorough operation means early diagnosis, and that the success of the operative surgery of malignant disease is very largely a question of early diagnosis.

220 Penn St., Brooklyn, N. Y.

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### Items From the Field of Neurology.

BY THEODORE ADLERMAN, A.B., M.D.

I believe it was Browning who once said: "There is no truer truth obtainable by man than comes from music." Have you ever heard Chaminades "Autumn"? It is most wonderful. Its rich, full harmony, its peculiar sentiment, it seems all to bespeak of Autumn. The rise of the music, the speed and pitch, you can almost hear the wind before the storm, the rushing arpeggios whirl with violence, the tempest hurling the rustling leaves. It is most curious to watch the effect of the music on melancholics. I have seen some of them (some of the most agitated types) quieted down by degrees. It seems to appeal to melancholics. It has also a curious effect in

cases of Puerperal Mania, it stops the incessant flow of talk, and seems to wake them up to realizing their surroundings.

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In hysterical phenomena which follow some local injury, the influence of suggestion is often very evident. It is the part injured which becomes the seat of paralysis, or anasthesia, or contracture. A blow on the shoulder is followed by a brochial monoplegia of the same side, while a blow on the hand will cause symptoms in the hand only. This suggestive influence is especially well marked in cases in which the hysterical symptoms are superimposed upon organic injury.

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There are few disorders of the nervous system in which predisposition is so seldom demonstrable as in paralysis agitans. In some few of the cases the disease itself, or epilepsy, or insanity can be shown to have existed in relatives, but in most cases, the subjects of Parkinson's disease have a healthy ancestry and themselves show a good healthy history. I think fright can be considered the essential feature of the disease.

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Aphonia can often be relieved by local measures, such as foradization of the larynx, administered early, and the patient being told to make a sound with each artificial contraction of the laryngeal muscles.

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The treatment of traumatic neurosis is not a treatment of symptoms. It is a construction and a carrying out of a plan, directed towards general fundamental conditions. The individual manifestations must be overlooked as much as possible.

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Tremor is a symptom of nervous disease, which is very difficult of simulation. Attempts to imitate a tremor are easy to detect and are overdone.

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A wish that is completely repressed, that finds no avenue of realization, and sinks into the subconscious life, may become an extremely dangerous element. It is for this reason that Freud holds that dreams are extremely valuable to the individual, since in them he expresses in a symbolic way his hidden desires.

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There are two varieties of false perception, illusion and hallucination. The former is due to the inadequate interpretation of an objectively existing stimulus, while the latter is due to a false perception arising from purely subjective causes, no objective stimulus being present.



Schopenhauer claimed that certain instinctive impulses, which he identified with will, could not be educated, and the only way to rid the world of an evil will—was to destroy it. He, however, did not take into consideration the fact that the direction of the expression of this will can be modified through environmental conditions.

The influence of Strychnine upon the muscles can be especially studied, when it is administered in cases of partial or complete paralysis, and in cases of uterine inertia. In incontinence of urine due to partial paralysis, in constipation produced by absence of peristalsis, strychnine should be our remedy. There is an increase of nerve energy, and this energetic force is imparted to the voluntary and involuntary muscles causing them to respond quickly.

I cannot help but sing the praises of Coniam Macolatum. In my hands it has proven to be one of the most useful remedies in the armamentation of a neurologist. Take a case of ordinary so-called nervousness, fidgetiness accompanied by insomnia. The patient is jerky, restless, they scream and jump at the slightest noise, their reflexes are exaggerated—a dose of coniam macolatum—and you will be surprised at the results. Try it—and see if it is so.

Stubborn cases of neuralgia—a little aconite and arsenic—used when indicated (if it is facial neuralgia due to exposure or cold) will give fine results.

910 St. Johns Place, Brooklyn.

## **Materia Medica and Therapeutics**

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to  
DR. J. W. FYFE, Saugatuck, Conn.

### **Importance of Time.**

In the treatment of the diseased human body, time is an important element, and it is usually unwise to attempt to hurry the change from disease to health. In most cases the more severe the disease the slower is its development, and the slower the departure from health the greater will be the impairment of structure and function. The manifestations of life in human beings are from a highly developed organism which has been perfected by a work of time. These manifestations of life necessitate a continued re-

newal of structure, requiring an expenditure of a certain force known as vital. When the manifestations of life are abnormal, they are characterized as disease—a departure from health. We must, therefore, allow time for renewed development of the organism. Usually it is wise to change the manifestations of diseased life carefully and slowly, giving sufficient time for the organism to adapt itself to the change and acquire increased strength as it returns to the condition of health. It will never do to suppress a process of disease at the risk of suppressing the organism upon which the natural function depends. It is also desirable to effect these changes insensibly and without a shock to an organ or the entire body. When necessary to reduce the temperature, it should be accomplished slowly and gradually. Thousands of persons have gone to their graves as a result of large doses of powerful sedatives, administered for the purpose of quickly lowering the temperature.

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### Eclecticism.

In a lucid article, entitled *Eclecticism*, the editor of the *Eclectic Medical Journal* tersely points out the leading features of the Eclectic school of medicine, and in part says:

“The Eclectic school of medicine demands a good preliminary education before its matriculants can enter its colleges, and the colleges teach fully and completely the academic branches of anatomy, physiology, chemistry, biology, bacteriology, and the same manual parts of surgery and obstetrics as are required in all schools of medical instruction. The distinctive features of Eclecticism lie in the direction of drug study and application, in the principles and practice of medicine, and in the therapeutic aspects of surgery and obstetrics.

“The modern school of Eclecticism is largely concerned with the study of drugs and pleasant and kindly forms of medicinal administration. Even the rival schools concede the fullness and excellence of its work in this line. Its very being came into existence upon the abuse of drugs in the early part of the last century. From this work of modifying drug-therapy gradually evolved the theory and practice of the specific application of drugs.

“The cardinal principle of Eclecticism is the conservation of life and all its methods of rectifying diseases are those in which it is sought to rectify wrongs by the kindest medication. The physician of the Eclectic school is taught that disease is a wrong of life—that medicines have definite powers, and that diseases have definite conditions. He is taught that where there is a known relationship between disordered states of health and medicines repeatedly known to kindly correct such disorders, those medicines should be used to the exclusion of other

agents. The Eclectic does not base his therapy upon the physiological action of drugs, though the agent employed may sometimes act as the so-called physiologic antagonist; nor does he observe any so-called law of cure. He practices mostly rational empiricism in that refined form to which the names *Specific Medication* or *Direct Medication* have been given. This means the application of drugs, which, from repeated successful applications, are definitely known to relieve certain *conditions of disease*. This established relationship between conditions and the curative or palliative drugs, therefore, has become to him a medical verity. Upon this application of drugs to fit conditions, not *diseases*, rests the chief difference between Eclectic and other forms of therapy."

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### Hydrangea Arborescens.

Medicinal preparations made from the root of this indigenous shrub have long been employed in the treatment of wrongs of life. The bark is easily peeled off, and each layer of it is of a different color. It is probable owing to this fact that it is sometimes called "Seven Barks."

Hydrangea is deemed an efficient remedy for calculus, or gravely deposits in the bladder. It will not, of course, cure stone in the bladder, but it is a remedy of value while the deposits are small, and it is believed that it will remove the nucleus which, if allowed to remain in the bladder, might form stone, and in this way prove a corrective agency. In spasmodic stricture of the urethra, hydrangea may be combined with gelsemium advantageously. In irritation and malnutrition of the urinary mucous membranes it often constitutes a needed medicament, and in chronic gleet it is employed with satisfactory results.

The dose of specific hydrangea (or a good fluid extract) is from 10 to 60 drops. In very large doses it is liable to cause dizziness of the head and oppression of the chest.

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### Carbolic Acid Poisoning.

In reporting the case of a boy who had taken carbolic acid, Dr. J. D. Johnson says:

"I arrived at the house in twenty minutes after he had taken it. He looked to me as if he was dying. I gave him as fast as I could get him to swallow it, four ounces of castor oil. While I was giving him this, I had prepared two tablespoonfuls of sulphate of magnesium in warm water, and gave him this as fast as I could get him to take it. The boy began to vomit, and threw up everything—acid, oil and salts. The acid odor was very strong. I gave him the same quantity of oil and salts again, and in thirty minutes he vomited again. There was not much acid smell this time. Then we



prepared magnesia, two teaspoonfuls to a tumbler of water, and gave a teaspoonful every hour, with what whisky he could stand for twenty-four hours; then every two hours for three days. With this I gave colorless hydrastis, two drachms to water four ounces. I gave this every hour or two for four days, with all the milk he could take. I continued the milk for one week. Then milk with soups and crackers for one week. At the present time he is eating anything he calls for. It is three weeks today since he took the acid. About one hour before he took the acid he ate a hearty meal. I think this kept the acid from corroding the stomach to a certain extent. Inside of forty-eight hours exfoliation had taken place, and as far down his throat as we could see it was very raw, and his stools were very slimy."

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#### Stramonium in Delirium.

I have lately used stramonium in several cases of delirium, and find it especially useful in the maniacal delirium sometimes attending fevers and inflammations. In chronic mania, delirium tremens and puerperal insanity, when there is furious or noisy raving, red or bloated face and dilated pupils it is a valuable remedy. I use from the fraction of a drop to 5 drops of the specific medicine every two or three hours.

SEWARD FYFE, M. D.

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#### Apomorphin for Vomiting.

Dr. M. Field, Canby, Minn., reports a cure of a severe case of vomiting of pregnancy by the use of 1/36 of a grain of apomorphin in a teaspoonful of water. He has used this in other cases of vomiting or nausea with like good results. In the minute quantities used it quiets the inflamed gastric mucosa and produces no ill effects.

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## Society Meetings

### SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Indianapolis, Ind., June 16-19, 1914. W. S. Glenn, M.D., State College, Penn., president; W. P. Best, M.D., Indianapolis, secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1914. G. J. Olsson, M.D., president; T. D. Adlerman, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month. D. Alperin, M.D., president; A. S. Gombar, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month. John Birkenhauer, M.D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton street, Brooklyn. Theodore Adlerman, M.D., president; A. B. Wolf, M.D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes street, Brooklyn. A. B. Wolf, M.D., secretary.

**Eclectic Medical Society of the State of New York.**

Dear Doctor:

Brooklyn, N. Y., December 15, 1913.

The history of every movement records phases of weakness, phases of stagnation due to hesitation, phases of apathy, phases of stoicism, and then the final success or failure of the movement.

The ultimate result of every great movement, whether a success or a failure, depends solely upon the attitude of its followers during the different critical periods of its development.

To-day, Eclecticism in New York State is in a condition similar to many others, found in different progressive movements, a condition which, while it is critical, needs only a little spark to make it burst forth and assume the magnitude of a flame, and consume everything in its glorious path to success.

It depends upon you, doctor, whether we shall succeed, or go down to failure.

It depends upon you whether the pure banner of Eclecticism shall spread its folds in glorious light, leading the fight for rational medicine.

WILL YOU HELP US IN OUR WORK?

WILL YOU PUT YOUR SHOULDER TO THE WHEEL?

We will give you all the details at our next annual meeting, at the City Hall, Albany, March 25, 26, 1914.

WILL YOU COME? We appeal to you thus early, so that you may commence to arrange now, and have these two days (March 25, 26, 1914) set aside for the Albany meeting.

At this State meeting, not only will vital matters be discussed, but also acted upon. It is to your interest to voice your opinion as to the final disposition of the various questions which are of material consequence to all of us.

Doctor, we want essays. Will you send me the title of your paper now, as the program of the meeting will be published at an early date?

Fraternally yours,

T. D. ADLERMAN, M.D., Secretary.

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**Eclectic Medical Society of the City and County of New York.**

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held at Van Glahn's Hotel, 59th St. and Columbus Ave., December 18, 1913, Dr. H. Harris presiding.

There was a good attendance of members and friends.

The minutes of the previous meeting were read and approved.

Dr. A. W. Herzog's resignation was presented to the Society which, upon motion, was accepted.

Dr. Sillo reported that the new Constitution and By-laws of the Society were in the hands of the printer and would be delivered before the next meeting.

Dr. Max Meyer demonstrated an attachment to the hypodermic syringe which would facilitate the mixing of the solution and filling the syringe thus dispensing with an extra receptacle heretofore used for this purpose.

Bills were presented for \$5.88. These, upon motion, were ordered paid.

The Society then proceeded to the election of officers. The Chair appointed tellers and the following officers were elected for the ensuing year: Dr. David Alperin, president; Dr. Max Meyer, vice-president; Dr. Frank Greene, treasurer; Dr. Albert S. Gombar, recording secretary, Dr. Henry Steinberg, financial secretary; Drs. H. Hardy, V. Sillo and G. W. Thompson, Board of Censors.

As it was growing late, a motion was made and seconded, that the newly elected officers assume their positions without the regular installation. Carried.

Dr. Sillo suggested that the Financial Secretary be empowered to procure stationery with blank spaces, to obviate the expense of monthly printing.

A motion was made that a committee be appointed to audit the books of the Treasurer and Financial Secretary, and that the Financial Secretary write to Dr. Olsson for moneys and books he may have in his possession. Carried. The Chair appointed Drs. Sillo, Birkenhauer and Harris.

Dr. Greene reported a balance of \$26.24. Dr. Steinberg \$67.43, amount due from Dr. Olsson, making a total of about \$75.00. Seventy-seven members in good standing.

The Society then adjourned.

A. S. GOMBAR, *Secretary*.

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## Selections

**Cimicifuga.**—By Walter Sands Mills, A.B., M.D.—*Cimicifuga*, or *actea racemosa*, is a plant indigenous to the eastern part of the United States from Maine to Florida. It grows in shaded mountainous places. The root is used for medicinal purposes.

Hale, in his new remedies, gives an extensive account of *cimicifuga*. According to his story *cimicifuga* was made known to white people by the Indians of New England. The Eclectic school of medicine first adopted it in their system. Dr. H. D. Paine introduced it to the homoeopathic profession in a proving published in the "North American Journal of Homoeopathy," Vol. III., p. 207.

Cimicifuga is one of the most valuable remedies in the *materia medica*. The old school text books give an account of it.

According to Bartholow its general action lies between that of ergot and of digitalis. It increases the activity of unstriped muscular fibre only in less degree than ergot. It slows the pulse and increases the muscular action of the heart only in less degree than digitalis.

The homœopathic uses of cimicifuga are many. It is extremely valuable in various nervous conditions, in certain rheumatic conditions, and in diseases of women.

The headache of cimicifuga is usually associated with aches and pains elsewhere. For instance, it will promptly relieve headaches that run from the head down the neck, as in stiff neck. It is more of a rheumatic headache, in fact.

Another headache calling for cimicifuga is one where the eyeballs are extremely sensitive, and are the seat of the pain. The headache will extend from the eyes to the top of the head.

Cimicifuga is the remedy for the indefinite nervousness of the menopause. The patient doesn't know just what she wants to do. She thinks she is sick, but moving about doesn't make her any worse.

In the stiff neck, in lumbago, and in muscular rheumatism wherever located cimicifuga is probably the best remedy we have.

We find these muscular pains in grip. For example:

Case I.—Man, aged 33. Feeling badly for a day or two. March 21 he was unable to get out of bed. He ached all over. Had a frontal headache. Nose and eyes ran. Coughed a little. Temperature 102 F. Cimicifuga ix dilution was given in water. March 22, patient up and dressed. Feels a little light headed, but no aches or pains. The patient required other remedies to cure up his cough, but he ached no more.

Case II.—Woman, aged 27. December 19, complained of feeling sore all over, even across chest. Headache, eyeballs sore. Throat aches. Cimicifuga ix dilution was given in water. December 20, aches and soreness gone. Again other remedies were resorted to cure the cough.

I have used cimicifuga with satisfaction in an occasional case of rheumatic fever, where the muscular soreness was a feature. It is also the remedy if the nervous system is much upset with the rheumatism.

Cimicifuga will be of service in chorea sometimes.

In delirium tremens, drop doses of cimicifuga tincture are of service if the patient's hallucinations run to visions of rats and mice, and if he has bad dreams.

Cimicifuga appeared to be of help in one case of labor where

the pains were severe, but the parts were dry and the patient extremely nervous. The pains ran around the hips and seemed to be accomplishing nothing.

In another case of threatened abortion at the end of four and a half months *cimicifuga* seemed to prevent trouble.

The patient was a married woman, aged 23, mother of one child nineteen months old. She was first seen July 19, 1899. She gave a history of one miscarriage in June, 1896, at six weeks; another January, 1899, at two months. Her last menstruation ended March 6, 1899. Patient had been troubled with headaches for a week, and insomnia for three weeks. At the date when first seen she complained of headache, dizziness and ringing in ears. Pain low down in the back. Pains from hips to feet. Has pains in chest and coughs so that she cannot lie down. Cough also hurts in the abdomen. Cannot sleep. Examination showed the lungs and heart to be normal. Vaginal examination showed the cervix to be soft and dilated. Uterus large and movable. Tubes and ovaries sensitive, and some leucorrhœa. The patient was given *cimicifuga* third, in water, every two hours.

July 20, patient still dizzy, legs feel better, July 21, better in every way, sleeping. July 22, pains confined to right and left side of face. July 24, very much better, pains all gone.

Patient made an uninterrupted recovery.

A study of the pathogenesis of *cimicifuga* shows many of the above symptoms.—“Medical Century.” I. H. R.

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#### A Tale of Taka-Diastase.

To multiply by two the medicinal efficacy of a powerful diastatic ferment is a notable accomplishment. And that is what scientific investigation has done for Taka-Diastase. The result, as may be presumed, was not achieved at a single fortunate stroke. It was the culmination of years of study and experimentation. The story is briefly told on another page of this issue of *Eclectic Review*, over the signature of Parke, Davis & Co. It bears this caption: “We Have Doubled the Strength of Taka-Diastase.” The reader is advised to turn to this announcement, which should prove of interest and value to every practitioner who faces the problem of amylaceous dyspepsia.

A word here with reference to the therapeutic application of Taka-Diastase may not be amiss. The product may be prescribed with advantage in the treatment of any pathological condition in which the salivary digestion is inhibited or impaired—in any case of gastric or intestinal disorder, in which the starches are digested with apparent difficulty. It is employed with good results in the



dietetic treatment of subacute and chronic gastritis; in infantile diarrhoea, especially in cases in which the diarrhoea alternates with constipation; in malnutrition or inanition; in the vomiting of pregnancy; in diabetes due to pancreatic disease.

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#### Peril in Sterilized Milk?

*Predisposes Children to Tuberculosis, Dr. Mond Contends.*

LONDON, Dec. 28.—Dr. Robert Mond, son of the late Dr. Ludwig Mond, after a series of investigations extending over many years, has arrived at the conclusion that tuberculosis is not conveyed to human beings by milk, and, further, that sterilized or condensed milk is a danger to children, and definitely predisposes them to tubercular infection. Interviewed on the subject yesterday, he said:

“Numerous investigations undertaken and pathological examinations showed that infection by tubercular bacilli rarely, if ever, occurred from the bowel, as would be the case were milk an agent for transmission. Children fed upon the milk of cows which subsequently were found to be suffering from tuberculosis had not contracted the disease.

“On the other hand, at an infant’s hospital a large number of those children who it was known had been fed exclusively from birth upon sterilized or condensed milk, which, of course, could be guaranteed tubercle free, developed tuberculosis of the bovine type.

“The term ‘bovine’ must not be taken to imply that that particular form of infection has been passed on from cattle to human beings. It would be quite as reasonable to suppose that human beings had infected cattle originally as that cattle had infected human beings.”

Dr. Mond drank milk from tubercular cows himself, and “thrived on it,” he said, but, he added, “I shouldn’t have dared to use that milk sterilized.—Ex.

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**Sterilization Unconstitutional.**—The statute recently enacted in New Jersey, authorizing the sterilization of the feeble-minded, epileptics, criminals, and other defectives, has been declared unconstitutional by the Supreme Court of the State. The act is held to be contrary to the Fourteenth Amendment to the Constitution of the United States guaranteeing equal protection of the laws to all, and to exceed the police powers of the State. The Court points out the danger of permitting Legislatures to prescribe those upon whom the operation should be performed, since, if sanctioned, the penalty might be extended to include those regarded as undesirable by a majority of a prevailing Legislature.

### New Tuberculosis Toxin.

*Its Isolation Tends to Prove Consumption Vaccines Useless.*

PARIS, Dec. 29.—A striking communication, giving the results of the researches of M. Marino, a young scientist, at the Pasteur Institute, was made this afternoon before the Academy of Medicine by Dr. Pierre Roux.

According to Marino, all anti-tuberculosis serums employed at the present time and hitherto are quite useless for their purpose. Marino discovered that the toxic products secreted by tuberculosis bacilli were less effectively neutralized by anti-tuberculosis serums than by the normal serums of the blood. All anti-tuberculosis serums, he says, act similarly, that is to say, less efficaciously than common blood serums. The result, it is explained, is that tuberculosis toxins, which are probably tuberculins, do not form any counter-poison in animals. The existing anti-tuberculosis vaccines are in the same case. Serums and vaccines are, therefore, inefficacious.—*Exchange.*

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### Blood Cleaned, Put Back.

*New Apparatus Demonstrated—Also a Hunger-Testing Machine.*

PHILADELPHIA, Dec. 30.—An apparatus by which blood may be removed, cleansed of impurities and returned to the system, and a contrivance by which it can be determined whether one is suffering from hunger or merely has an appetite, were among the inventions demonstrated today by members of the Federation of American Societies for Experimental Biology in annual session here.

A dog was utilized to illustrate the blood purifying apparatus, which was the result of the work of Drs. J. J. Abel, L. G. Rowntree, and B. B. Turner of Johns Hopkins University. Dr. A. J. Carlson of the University of Chicago demonstrated on himself the efficiency of the hunger-testing machine, which was his own invention.

Dr. Carlson defined hunger as a sensation which arises in the stomach, while appetite is a nervous phenomena of the brain. Swallowing a small, cigar-shaped rubber balloon which had been fitted with long rubber tubes, he inflated the balloon in his stomach through the tubes, and then attached the latter to sensitized paper. Hunger, he declared, caused the muscles of the stomach to grip the balloon and drive out the air, which registered the amount of hunger on the sensitized paper.

White rats and mice were used in an experiment designed to illustrate the diffusion of the blood supply. Dyes injected into their blood vessels circulated in a short time until the little animals changed the color of their flesh without much apparent discomfort.

One rat was green to the end of his tail, while even the film of his eyes was the color of an emerald. The other was similarly transformed by the use of red dye.—*Exchange*.

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### Phytolacca.

Editor "Medical Summary":

There is nothing I know of that will remove adventitious tissue in any part of the body so readily as the fld. ext. phytolacca decandra, made from the green root, applied locally. I stumbled upon this in this way: I had a case of enlarged breast on a woman and could not determine in my own mind what caused the enlargement. No hard tumor could be felt, no enlarged glands. The pain was insignificant. There was a bottle of fld. ext. phytolacca near by and, not knowing what better to do, I applied it thoroughly. The next morning the swelling was all gone, when lo and behold, there was the trouble in a small, hard tumor, the beginning of a cancer.

Phytolacca is the best remedy I know of for the medical treatment of cancer. They will frequently disappear under its use by local application and taken internally.

Within a few days I have had a case of chronic rheumatism in the knee. It was the final outcome of a severe injury to the leg some years ago. It was difficult for the patient to walk with a cane. The rheumatism was very painful, frequently keeping him awake at night if he did not resort to the hypodermic use of morphine. I applied the combined rays of a 50 c.p. electric light for fifteen minutes, then took a piece of lintine saturated with fld. ext. phytolacca and applied it to the knee, then covered this with oiled silk and retained it with a bandage. The patient was better immediately. He threw away his cane, and although somewhat lame, he began to attend to business as of yore, to the great surprise of his neighbors and friends.

I have used the following formula as a rectal suppository in enlarged prostate with success:

R Ext. phytolacca dec.....gr. iv.  
 Ext. conium .....gr.  $\frac{1}{8}$ .  
 Cocoa butter, q.s.

M. For one suppository.

One such to be passed into the rectum every day. In severe cases one should be used twice a day. Every case of enlarged prostate in which I have used it has been cured, or greatly benefited. I trust that some of "The Summary" readers will try phytolacca in the manner described, and report their results. It certainly is one of our indispensables.

D. M. CURRIER, M.D.

Newport, N. H.



**Diagnosis Clinics for Venereal Disease.**—Commissioner Lederle, of the New York Department of Health, has recently issued a circular letter stating that the Department of Health of New York City has for some months conducted two diagnosis clinics for venereal diseases, where physicians may send patients for Wassermann tests for syphilis, for the complement deviation test for gonococcus infection, microscopical examination for *Treponoma pallidum* in fresh specimens and for gonococci. Under no circumstances are the results of these examinations communicated to any one but the physicians sending the case. All the examinations are made free of charge. In order to extend the usefulness of these clinics in combating the spread of venereal diseases, a specially trained physician has been appointed to act as "Medical Adviser" to the patients attending the clinics. Under no circumstances will he treat cases. His duties consist in advising patients as to the nature of the disease, the necessity of proper medical care, the dangers of self-treatment, and the importance of obeying the directions of their physicians. Upon request, the "Medical Adviser" will also instruct the patients regarding the nature of venereal infections, their mode of spread, ordinary course, complications and far-reaching effects and in various questions of sexual hygiene. The establishment of these venereal clinics has been disapproved by some physicians, on the ground that ample facilities for the free treatment of venereal diseases now exist. It is apparent, Commissioner Lederle says, that this objection is based on a complete misunderstanding of the diagnostic functions of the clinic, and the duties of the "Medical Adviser," for the medical advice given will in no way interfere with the legitimate work of private physicians and dispensaries.

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#### Olive Oil in General Practice.

"The fixed oil expressed from the ripe fruit of *Olea Europæa*" is gradually but surely supplanting the old fashioned pure cod liver oil. The pure olive oil, expressed from the fruit without heat, is almost colorless, odorless and tasteless, and if carefully administered rarely causes digestive disturbances. In these respects, at least, it is superior to the pure cod liver oil (the various combinations with hypophosphites, glycerine, aromatics, etc., excepted). The fishy odor and taste of cod liver oil, its tendency to give rise to anorexia, indigestion and sometimes erythematous and acneiform eruptions in many patients are largely responsible for its growing unpopularity.

A few indications for the use of olive oil may be of service.

In tuberculosis olive oil is capable of causing a rapid increase in weight. In a young female suffering with pulmonary tuberculosis I ordered the administration of one-half ounce two hours after each

meal, increasing one-half ounce per dose every week until oz. t. i. d. were taken. The patient, whose weight had been declining during the past several months, gained twelve pounds in seven weeks and improved in all other respects. She had been taking cod liver oil, peanut oil, cotton seed oil, etc., without benefit.

This oil is of great value as a nutrient in such wasting diseases as marasmus, scrofula and chronic skin diseases, as well as in convalescence from measles, scarlet fever and whooping cough. In young children and infants good results may be obtained by its administration by inunction once or twice daily. Babies suffering with malnutrition and stubborn constipation may be relieved of both conditions by the administration of one drachm of olive oil once or twice daily.

Olive oil is a valuable emollient in the treatment of irritant poisoning (excepting that caused by carbolic acid or phosphorus) and may be given in large doses to soothe the gastro-intestinal tract.

It is an excellent demulcent laxative in cases of hemorrhoids and fissure of the anus. Obstructive jaundice is oftentimes relieved by the administration of one-half ounce to three ounces of the olive oil, and it is said to cause the expulsion of gall stones indirectly by stimulating the flow of bile.

I have seen the most stubborn cases of lead colic relieved and the persistent constipation overcome by the administration of a tumblerful of olive oil once daily. On the second or third day there was free catharsis and a subsidence of the nervous manifestations.

Obstinate and painful cases of dry pleurisy may be relieved by the injection of one-half drachm of sterilized olive oil into the pleural sac over the site of the friction sounds. This acting as a substitute for nature's lubricant promptly relieves pain.

In progressive anæmia, symptomatic or pernicious in type, the administration of equal parts of olive oil and glycerine in gradually increasing doses two hours after each meal is a most valuable procedure, oftentimes yielding wonderful results.

Rectal enemas of olive oil are highly useful in the treatment of muco-membranous colitis, the constipation of neurasthenia and in intestinal atony. Three to ten ounces are injected slowly at bedtime. This is retained over night if possible and an evacuation results the following morning.

In typhoid fever olive oil has an almost unlimited field of usefulness. As a food, administered in one to three doses t. i. d., it is a valuable adjuvant, assisting to overcome the strong tendency to emaciation. As a laxative it has no equal in this disease. By its soothing influence it permits the intestinal contents to escape without irritating the inflamed Peyer's patches, in a way diminishing the tendency to intestinal hæmorrhage and indirectly preventing the

occurrence of that very troublesome and dangerous condition, tympanitis. This is accomplished by rendering the bowels free from gas-forming ingredients. A high injection of lukewarm olive oil as occasion demands is also very gratifying to patients suffering with typhoid fever.

The oil is best administered cold in gradually increasing doses about two hours after meals and may be taken alone or flavored with glycerin, orange juice, coffee, or syrup of sarsaparilla.

No untoward symptoms have been observed during a very extensive use of pure olive oil. Its apparent harmlessness and wide range of usefulness commend it to those requiring a readily available nutrient, emollient, demulcent, laxative or cholagogue.—Israel Bram, M.D., Philadelphia, Pa., in *Medical Review of Reviews*.—*Hom. Recorder*.

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**The Use of Radium in Malignant Diseases.** Robert Abbe, New York. *Lancet*, August 23, 1913.

Abbe's address before the International Medical Congress conveys much hope in regard to the cure of cancer by radium. He reports many cures of cancers of all varieties and in various situations. In conclusion there has been established: 1. An undoubted retrograde degeneration of malignant cells under correct dosage of gamma radiation. 2. Effective use of radium lies in the application of a large enough quantity to avoid the stimulating action of little doses at short range. 3. The utilization of gamma radiation with its deep penetration can be made by the removal of alpha and short beta rays by filtration through lead. 4. Such filtration requires many times as long for a sufficient amount of gamma rays to act, as when other rays are eliminated by what may be called "distance filtration." One or two inches or four centimeters seems in practice to exclude most of these and gives free and instant play of the entire gamma range without delay or passage through lead. 5. Cross firing of several specimens simultaneously or of one large specimen moved successively to several near-by places is necessary for the best work. 6. Normal tissue resists many times as large doses of gamma rays as are required to check and dissipate morbid growths, as shown in the larynx.

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### Items

Dr. Elizabeth G. Pyrum-Perry of Fryeburg Center, Me., and formerly of New York, a graduate of the Eclectic Medical College of the City of New York in 1882, died at her home, from pneumonia, on November 7, aged 93 years.

### A Reconstructive After Winter Diseases.

The unanimity of opinion among medical men in choosing cod liver oil as the reconstructive *par excellence* after diseases of the respiratory tract proves beyond doubt its value.

The only question which can arise in connection with cod liver oil's employment is the form in which to give it, and this question has been settled in the minds of those physicians who prescribe Cord. Ext. Ol. Morrhuae Comp. (Hagee). With this product the patient enjoys every advantage of the raw oil, but is spared its nauseating effects.

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A good opening for an Eclectic or Homeopath with business from the start. For particulars, address Lock Box 17, Modoc, Ind.

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We were pleased during the Christmas vacation by a visit from Miss Sophie Levinson, who, together with Miss Maude Glines, are at present in the sophomore class of the Eclectic Medical College of Cincinnati.

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**Patent Medicine Achievements.**—The appraisal of the estate of the late J. M. Kilmer of Binghamton, N. Y., exploiter of a patent medicine known as Swamp Root, puts a valuation of \$2,600,000 upon it. This is the result of twenty years' exploitation of the preparation.

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**School Medical Inspection.**—At a hearing before the Board of Estimate and Apportionment of New York City last week, an appeal was made for the insertion in the budget for 1914 of an additional appropriation of \$26,000 to provide eight additional nurses and four medical inspectors in the public schools. Dr. Haven Emerson, representing the Academy of Medicine; Dr. S. Josephine Baker, director of the division of child hygiene; Dr. E. H. Lewinski-Corwin, and Mr. Bailey B. Burritt, representing the Association for Improving the Condition of the Poor, appeared in support of the demand. It was stated also that the present staff of dentists in the public schools was inadequate, and the appointment of an additional eleven was urged.

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The plan of election inaugurated in the County Society at the last meeting proved quite satisfactory.

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**The Sale of Poisons.**—Following the reports in the newspapers lately of several cases of death from the accidental or intentional ingestion of tablets of bichloride of mercury, Congress has taken up the consideration of a bill requiring that such preparations shall be colored, in order to distinguish them from other non-poisonous



tablets, and is also considering placing limitations upon the sale of this and other poisons.

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Read the advertising pages carefully, patronize the advertiser mentioning the *Review*.

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Book reviews have been crowded from this issue and will appear in the February number.

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The County Society is to be congratulated on the selection of its present officers.

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The Fourteenth Street building is still on the market.

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**Medical School Consolidation.**—The new Medical College of Virginia, the product of the consolidation of the University College of Medicine and the old Medical College of Virginia, was formerly opened on October 30, and dedicated to medical education in the South. It was predicted, during the ceremonies, that a further consolidation with the medical department of the University of Virginia was to be expected and hoped for, since by this means Virginia would secure a single medical institution of the highest rank.

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Try Oxyoline in your next case of chronic bronchitis. Its action will surprise and please you.

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William S. Glenn, jr., and Ugo Sissa also made us a pleasant visit. They are both of the junior class of the E. M. C. of Cincinnati.

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Prepare your paper for the State Society meeting. Don't delay.

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**The Red Cross.**—The American National Red Cross announces the receipt of gifts of \$100,000 each from Mr. Jacob H. Schiff and Mr. James A. Scrymser, and of \$2,000 from Mrs. Whitelaw Reid. The gift from Mr. Scrymser is to be added to the fund for the purchase of land in Washington on which the Government is to erect a building for the Red Cross as a memorial to the women of the Civil War. Congress has already appropriated the sum of \$400,000 to cover the cost of constructing the building, and the Red Cross has offered to raise the \$300,000 necessary for the purchase of the land. With the completion of this memorial building the Red Cross will have a permanent home and headquarters, where the various departments of the service can be housed. The other two gifts are to be used as endowments for the fund for the town and country nursing service, which is practically new work for the Red Cross.—*Medical Review*.



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# THE ECLECTIC REVIEW

GEORGE W. BOSKOWITZ, M. D., Editor.

JOHN W. FYFE, M. D., Associate Editor.

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No. 2.

## The State Meeting.

On March 25th and 26th the Eclectic Medical Society of the State of New York will convene at City Hall, Albany.

If the Eclectics of this State expect to have any influence so far as State legislation is concerned, they must turn out in good numbers for this meeting.

With the temporary suspension of the Eclectic Medical College of the City of New York which closed its doors because its income was insufficient to meet the sudden extra expense imposed by Regents' rule, therefore this meeting of the State Society must show to the State officers and legislators that active interest in Eclecticism still continues.

Outside of the fact that this is necessary for your own protection, this meeting will be very interesting. Prominent Eclectics from neighboring States have promised to attend and interesting essays will be presented by some of them and many of the active members of our State Society have promised papers.

Consideration of the plan proposed by Dr. Boskowitz at the January meeting of the Eclectic Medical Society of the City and County of New York will most likely come up for discussion and action at this meeting: in fact, this meeting promises to be one of the most important, instructive and interesting that this Society has held in many, many years.

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## Hints and Winnowings.

**Pneumonia** to the general practitioner of medicine is perhaps among the most important diseases likely to come within the range of his activities, and especially so at this time of year. Many excellent papers on this subject have recently appeared in the medical press, but none more valuable than that by Dr. L. Kolipinski, of

Washington, D. C. This paper constitutes an exceedingly useful addition to this year's practical literature relating to the diagnosis and management of the several forms of pneumonia. In giving the substance of Dr. Kolipinski's paper the editor of the *Medical Times* presents an article of more than ordinary merit, from which the following abstracts are taken:

"Pneumonias are due to the irritant action of microorganisms of different kind upon the lung substance. They are generally inhaled, sometimes carried with the blood or lymph. *Broncho-pneumonia* is usually a secondary or terminal lung inflammation, a bronchitis having introduced it. A specific germ is impossible, but the pneumococcus is often found. The affection is most common in infancy, childhood, and old age, and is the chief dangerous complication of measles and of whooping cough.

"*Lobar, croupous, fibrinous or pleuro-pneumonia* is a specific inflammation of the lung most often caused by the *diplococcus pneumoniae*. Other pathogenic micro-organisms can cause a croupous lung inflammation. Infection seems usually to enter through the air-passages.

"Lobar pneumonia is found at all ages and is the pneumonia of the prime of life. It is mildly contagious.

"The terminations of these pneumonias are variable. The course in some cases is short, in others long; many are fatal.

"The symptoms of catarrhal pneumonia in the child are more marked and severe than in the adult. The general condition is grave. The patient is restless or somnolent. There is much fever and a rapid pulse, with a dry, shallow, painful cough, and scanty or no expectoration. The respiration is forced and very rapid, even to 60 or 90 in the minute. The evening temperature is high. The physical signs are: Subcrepitant râles, lessened percussion note, bronchial breathing, and bronchopony. The vital symptom is dyspnea, with death from suffocation or asphyxia and acute heart dilatation.

"Croupous pneumonia begins very suddenly, with a severe chill and a fever rising rapidly. In many cases, simultaneously or within a day's time, a severe pleuritic stitch is felt. Cough, inspiration, and speech are thereby suppressed. Accelerated breathing and dyspnea become increased more and more as solidification of the lung extends. The cough is short, shallow and painful, and with much effort the characteristic glary, tenacious, and bloody sputum appears.

"Herpes of the lips and nose is often observed, usually in cases the course of which is favorable and tends toward recovery. From the high fever, painful cough, and rapid breathing, the patient sleeps but little, or else is much disturbed at night. Death or recovery

with critical cessation of fever and subjective symptoms occurs within a week.

"The chief danger to life in croupous pneumonia is extensive lung inflammation and the resulting diminished area of respiration. This danger is further augmented by all weak states of the heart, such as result from fatty degeneration of the heart muscle, from fibrosis, from the heart lesions of alcoholism, of asthma and of emphysema, and may be accompanied by the degenerative changes of age and arterio-sclerosis. Collapse from heart weakness is a further danger. This collapse, as in typhoid fever, occurs with a rapidly sinking febrile temperature. Kolipinski believes the proper procedure is to absorb or remove the inflammatory exudate, to overcome the septic fever, and from the beginning of the treatment to consider how much additional labor the heart is able to perform. The liquefied exudate must be eliminated by coughing or by lymphatic absorption, and the septic fever by an appropriate systematic antiseptic. The heart must, if necessary, be aided with digitalis.

"Cough is an essential feature of every case of pneumonia that is not a hopeless one. The pneumonic with a cough, however frequent and prolonged it may be, will recover. The pneumonic without cough or with a single, dry, shallow, expulsive effort is in a grave or critical state. Hence any narcotic or sedative drug which produces shallow, rapid breathing and suppresses or represses the cough is harmful and dangerous. The functional power of the heart must be determined early in the treatment. Where valve defects are present, the heart dilated; where the contractions are weak and rapid, irregular or intermittent, digitalis in one daily dose may properly be administered from the beginning. The digitalis effect upon the heart, when once established, must be kept up until the patient is fully recovered and convalescence at an end.

"Alcohol has no place in the treatment of pneumonia. Its rapid combination with the oxygen of the blood lessens the action of that important fluid in maintaining tissue metabolism and secretion. Moderate daily doses favor the retention in the system of toxic agents both of a chemic and bacterial character. By its action on protoplasm it increases tissue degeneration. It impairs vital resistance to the influences of toxins and other disturbing agents. When alcohol and strychnin are given together the effect is generally a greater tendency to sleep and more shallow respirations and less frequent efforts to cough; a condition that is often deceptive in that it leads the attendants to believe the patient is getting better."

**A United States Medical Licensing Board** is proposed in a bill introduced in Congress, Sept. 27, 1913, by Hon. Thomas L. Reilly, of Connecticut. Apparently, the proposed law is too loosely drawn and too absurd to be taken seriously, but one can never tell what



Dr. Simmons and his associate political schemers of the American Medical Association will do next in their attempts to destroy the Eclectic and Homeopathic schools of medicine. Mr. Reilly is too good a lawyer to not know that the law proposed in his Bill would be clearly unconstitutional, as it has on several occasions been decided that the regulation of the practice of medicine comes within the police powers of the States, and that the Congress was prohibited by the Constitution from infringing upon this State right. Knowing this to be a fact, he no doubt introduced the Bill for the purpose of pleasing the few political schemers of the American Medical Association who reside in his Congressional district. But be this as it may, the fact remains that this proposed law is unquestionably the worst of all the oppressive, unnecessary and contemptible legislation yet asked for by the American Medical Association.

In an article on the Reilly Bill, published in the *American Medical Journal*, Dr. E. R. Waterhouse, of St. Louis, Mo., gives a brief digest of this proposed license law, and well points out some of its most ridiculous features. In part the doctor says:

"This recent bill is to create a National Board of Medical License, whose business it shall be to license physicians who wish to continue in the practice of medicine, and to take care of the embryo physicians as fast as they are hatched, throughout the United States.

"The bill provides that it shall be the duty of the President to appoint two physicians from the Army Department, two from the Navy, and two from the Marine Hospital service (all allopathic). This allopathic board proposes to issue licenses to those who wish to continue in the practice of medicine, and without this license it will be a crime, punishable by a fine and imprisonment, to prescribe for a patient.

"Notice—Sec. three of the bill. That all *regular* medical practitioners of medicine, now holders of medical diplomas, and a State license permitting them to practice in their respective States, shall upon the passage of this act, by presenting to the said board, their medical diploma, their State medical license, and any other diplomas that they may have, and upon the payment of the sum of \$2, be given a United States license which will permit them to practice their profession of medicine in any State or territory of the United States, and their possessions.

"Section 4.—That the United States Licensing Board shall hold their meetings in various cities of the United States, and shall examine all newly graduated medical doctors, so they may obtain a United States license, which license will permit them to practice medicine or surgery in any State or territory of the United States and its possessions without any further examination; *provided*, That the candidate for said license shall fulfill all the requirements of the *American Medical*



*Association*, and shall be an American citizen, and present a high-school certificate or its equivalent, and shall have a doctor's diploma *from a medical college in good standing as declared by the American Medical association*, and upon the payment of \$10 and the filing of a certificate of good moral character, shall be admitted to examination, and upon passing such examination, shall be granted a United States license, which will permit the holder to practice medicine and surgery in any State or territory of the United States and its possessions."

"By what right has Doc Simmons and his gang to say who shall practice medicine in this United States? Does he own this country? By what authority are they dictating to their fellow men? It would be just as logical to put the control of the practice of medicine into the hands of the Chief Rabbi of the Circumcizers Union, or the National Association of Wet Nurses. They would have the same authority to say who should earn their bread in the practice of medicine, as have this American Medical Association, but so long as the laziness of those interested will not permit them to oppose such things, everything slides along according to the dictates of those who announce that they are the 'Cock of the Walk.'

"We are told that 'all men are born equal' but some of these men are born with more of the characteristics of the hog than others, and soon this predominant factor crops out as authority. They ask privileges for themselves, that they are unwilling to grant to their fellow men, and in this category we find the American Medical Association."

**Medical Colleges** in many cases seem to be graded in accordance with the individual opinion of any man who possesses influence enough to control the action of a State Board or a State Educational department. In some of these cases the grading is apparently made without much regard for the true merits of the college affected. Other decisions are no doubt honestly made in accordance with the best interests of the medical profession. The University of the State of New York (the State Education Department) recognizes 66 of the 106 medical schools in this country; the Pennsylvania Bureau of Medical Education and Licensure 76; the State Medical Board of Ohio 63. The American Medical Association's Council finds 75 medical schools acceptable.

In **pneumonia** the diet should be made to conform to that necessary to a patient in bed and carrying a high temperature, due regard being paid to the state of the digestive tract. Milk, plain and malted, buttermilk, ice cream, orangeade, fruit juice, beef juice and custards, constitute a good list to select from and to give in small amounts at appropriate times. Water should be given freely every two or three hours. The mouth and teeth should receive attention daily. The bowels should be cleared and kept clean.

**Original Articles****Tumors of the Brain—Report of a Case**

BY ROBERT KUNITZER, M.D.

Patient, female, M. L., was admitted November 20th, 1913, at the Sydenham Hospital. She was 43 years old, married and complained of slight general weakness. Family history showed that father died at the age of 60 of Tuberculosis. One sister suffered from epileptiform attacks and died at the age of 20 years, otherwise the family history was negative.

The patient had a miscarriage at the 4th month. She denied specific disease but her husband admitted syphilis ten years ago, otherwise the previous history was negative.

Present history: Patient began to complain in August, 1913, of general weakness, but continued her household duties until about the beginning of November, 1913, when she was compelled to go to bed. She vomited three to four times daily, complained of severe headache, at first in the frontal region, later in the temporal and occipital regions.

The husband noticed that the patient was speaking incoherently and became drowsy. He had noticed partial paralysis on the left side, but there was no paralysis that I could notice during her stay in the hospital.

When I saw the patient she was lying in bed quietly, on her back. Eye motion normal, pupils dilated, reacting slightly to light and accommodation. Tongue moist and coated, no sign of paralysis; neck stiff and tender. Pulse 68, both sides equal, regular, tension not increased.

Breathing very superficial, vesicular respiration, occasionally bronchial rales; breathing costo abdominal type; no Cheyne Stokes noticeable; heart normal; abdominal organs normal; no oedema; knee jerks equal and active on both sides. Suggestion of Babinsky's on right side; slight clonus on the left side; moderate bilateral Kernig's. Epigastric reflexes very much diminished.

The first examination of the fundus oculi did not show anything abnormal, but later I found by examination of the fundus that both sides were slightly swollen, veins slightly congested, arteries twisted. No hemorrhage or exudate. Ear-drum membranes slightly retracted but no signs of any suppuration.

On December 20th, 1913, I found patient more somnolent, neck stiff and tender, no further change in the fundus, no paralysis, right knee jerk exaggerated almost clonic, partial Babinsky's on the right side, no ankle clonus, left knee jerk normal paraesthesia on the right side more marked on the left side.

On December 23rd mental conditions were somewhat clearer. Patient answered questions slowly, but intelligently. Pupil reflexes were quite normal and the neck not stiff, there was no paralysis, patellar reflexes were somewhat exaggerated but not so much so as previously. No Babinsky's, paraesthesia less marked.

Patient later passed into a state of coma and died December 29th, 1913.

Autopsy showed gliosarcoma in the right frontal area. The Wasserman test showed the husband positive xx, the patient negative.

Two lumbar punctures were made. No tuberculosis, no excess in lymphocytes, no pulmonary sign of tuberculosis, sputum negative. Incontinence of urine and stool due to stupor.

For treatment the patient had ice bags on her head, Kali Iodide internally and antisyphilitic treatment. Particular care was given to the bladder and to prevent decubitus.

The principle clinical symptoms that I could observe were, stupor, oedema of the disk, slow respiration, exaggerated reflexes, and hesitating speech: on the other hand from the history we have to observe headache, vomiting and abortion at the 4th month, stiff neck, double Kernig, no localizing symptoms which could show any pressure produced by intracranial tumor; father died of tuberculosis, one sister suffered from epileptiform attacks and died.

Very little if anything is known concerning the real cause and developments of intra-cranial tumors. I am satisfied of the influence exerted by traumatism or it may be the result of chronic infections particularly tuberculosis or syphilis.

These intra-cranial tumors sometimes run an entirely latent course and are only discovered at the autopsy. This depends entirely upon the localization and rapidity of the development.

Among the different symptoms of intra-cranial tumors, headache plays a prominent part and it is so constant that its absence contraindicates the diagnosis of tumor in a doubtful case.

The pain is probably the result of dragging upon the meninges. The skull is sometimes tender upon percussion. Vertigo is very often present, patient becomes apathetic and somnolent. The mental disturbances present occur without exacerbation. Epileptiform attacks are not infrequent, changes in the fundus of the eye constitute one of the most important diagnostic symptoms. The so-called choked disk (papillitis) which is recognized by swelling of the optic nerve, destruction of the retinal veins and narrowing of the arteries. Cheyne Stokes respiration is a frequent symptom.

The recognition of cerebral tumors is occasionally impossible.

In this case I was thinking of cerebral hemorrhage, but I excluded it because I could not observe any sudden development.

My next idea was cerebral thrombosis and embolism, but the absence of valvular disease of the heart excluded this. Still another possibility came to my mind that it might be cerebral abscess, but no history of traumatism or suppuration of bones existed.

The possibility of hysteria presented itself as the patient showed only ill-defined cerebral symptoms. There remained only to differentiate between pachymeningitis or intra-cranial tumor and I must admit that the cranial symptoms in this case pointed more towards pachymeningitis, but as the autopsy has shown gliosarcoma and considering the statement which I received from the family regarding the beginning of the patient's illness and the further development of the disease during her stay in the hospital, we learn how careful we must be in observing every symptom and try where possible exitus letalis sets in to affirm our clinical diagnosis by an autopsy.

New York City.

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### Operations on the Pancreas.

BY LEWIS LANZER, M.D.

The Pancreas for the purposes of operation, may be approached from the front or from behind. In the great majority of cases the former route is preferable.

When the peritoneal cavity is opened, the Pancreas may be reached in five ways: (a) above the stomach, through the gastro-hepatic omentum; (b) through the stomach, both walls being incised; (c) below the stomach, through the gastrocolic omentum; (d) through the transverse mesocolon; (e) in addition access to the posterior part of the head of the gland may be obtained by Kacheis' method of mobilizing the duodenum. These are two circumstances of the highest importance in connection with operation upon the Pancreas. The first refers to hemorrhage. The Pancreas has a blood supply in proportion to its requirements as the gland by which the most important of the digestive juices is secreted. It is extremely vascular, and its blood vessels are both large and numerous. Any injury of the gland, therefore, causes free bleeding, bleeding which is, moreover, very difficult to control. When, as the result of direct incision, bruising by external force, as tearing during the removal of growths involving the stomach or the Pancreas itself, hemorrhage occurs, it is not possible, in the majority of cases, to arrest it by ligature. The simple tying of a mass of the exceedingly fragile tissue of the Pancreas often results in the ligature cutting through, and consequently there is a further onset of bleeding. The individual vessels in the gland cannot be secured. The only means of arrest of the hemorrhage is, therefore, the use of deep sutures material—silk or catgut—sufficiently thick to pre-



vent its cutting through the gland when the stitch is drawn tight, and this method in itself is unsatisfactory, for it causes, unnecessarily, such damage by compression and strangling of the soft gland substance that sloughing is not unlikely to occur.

The second refers to the escape of the pancreatic juice. It has been shown, both by experimental work and by observations made upon cases submitted to operation, that after the Pancreas has been incised, bruised or torn, its special secretion is poured out from the wound surfaces. The experimental work has shown that when the Pancreas is so damaged, by injury, however produced, that its vitality is lowered, there is an escape of the gland secretion into the parts around. The observations of surgeons who removed parts of the gland for simple or malignant growths show that a free outpouring of secretion occurs from the cut surfaces.

The result of this is that fat-necrosis occurs, as well as an active digestion of the tissues with which the juice comes into contact. An acute inflammation of the Pancreas, with or without hemorrhage as subacute or chronic pancreatitis may thus result.

In one case, reported by Koester, an injury to the Pancreas during the course of an operation was followed by fat-necrosis. The digestion, by the pancreatic juice so freely poured out, results in the provision of an admirable culture—material for any organisms that may chance to be present.

Infection of the wound area is almost impossible to avoid in operations, necessarily difficult and prolonged, upon the Pancreas. An infection that the healthy peritoneum could certainly deal with becomes of the utmost virulence when an abundant food supply for the organisms is present.

Mikulicz says the secretion of the Pancreas does not flood the peritoneal cavity in such quantities that it proves fatal by mere absorption; it acts indirectly by reason of the local irritation of the peritoneum, in that it prepares a nutrient medium for bacterial invasion and makes infection extremely easy.

It is almost certain that in all abdominal operations some germs enter the peritoneal cavity. When their numbers are few, the unharmed peritoneum can resist them without difficulty, but if the natural powers of resistance are greatly reduced, they may produce serious complications. A further source of danger lies in the digestive action of the pancreatic juice upon the adhesions which the peritoneum produces. The outpouring of lymph is the chief means possessed by the peritoneum of protecting itself from harm; when the thick flakes of lymph are speedily digested by the pancreatic secretion, the avenue for a further extension of septic trouble is at once opened. The secretion from the injured or inflamed Pancreas is able, according to Mikulicz, to cause, in itself, a variety



of aseptic peritonitis, which is followed by intestinal paralysis and obstruction.

The lesson to be drawn from these facts is that in all cases of operations upon the Pancreas, where there is any likelihood of the escape of the secretion, free drainage should be provided. The escape of secretion from a wound of the Pancreas can be prevented by accurate suture and by the careful closure of the peritoneum over the wound in the gland. Successful cases where this has been performed are on record. If this healing cannot be secured, the need for drainage is imperative.

The peculiar difficulties and dangers attaching to operations upon the Pancreas will, therefore, be readily understood. Bleeding is apt to occur and is difficult to arrest. Escape of pancreatic juice is almost constant; and it can produce septic peritonitis, as digest adhesions poured out by the peritoneum for its own protection, or finally, by acting upon the blood so constantly present, on the Pancreas itself, and on all the parts around, a culture medium is provided which is eminently suited to ensure the very rapid growth of micro-organisms.

Brooklyn, N. Y.

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### Forty Years in a Country Practice.

BY C. N. GALLUP, M.D.

It was a cold Winter morning in the month of December, 1873, when I tacked up my sign and opened my office door, for the reception of whoever might feel the need of my professional services; then I sat down, as all young physicians have to do, and waited for my first patient, brimful of confidence and hope, which has accompanied me from that day to this, feeling much like Alexander the Great, who cried for other "worlds to conquer," for I was anxious to see a case I could not cure, of which I have seen many, but then I was as most all young doctors are, like wasps that are "largest when first hatched."

I waited one month and five days, then a man came into the office and inquired if I was the doctor. My case book shows he was afflicted with Uremia and consequently I could not give him any encouragement as to being cured.

For the first six months, I booked \$207.00 and collected \$101.25, but in the next six months, I booked \$1,494.30 and collected \$471.25, which was hardly enough to pay my office rent, to say nothing about my board and other necessary expenses. Thus you will see how much more successful I was than one of England's greatest physicians, who sat in his office five years without a patient and then he was called to visit a sick dog.

So you can see how my visions of wealth were frustrated and nipped in the bud. Still I have had fun and glory in these forty years. I have been administering to the needs of the sick and suffering enough to satisfy forty men. During that time, among the unusual cases I have attended, were five cases of senile gangrene, five cases of adhered placenta, three cases of placenta previa, one case of tetanus, three cases of instrumental deliveries, one small rupture of the perineum, have delivered two headless babies, and found three knotted cords and one partially detached placenta. I have always been in general practice, kept two horses and am kept busy most of the time. I have in my laboratory fifty Sp. Medi besides numerous Fl. Exts. and Tablets, making in all several hundred remedies, for I have to do most of my dispensing in the office, and carry what I need on the road, as I am six miles away from the nearest drug store.

While I have been plodding along on this high road to honor and fame, I have been sometimes flush with money and at other times rather scant, but by not speculating, and by saving here a little and there a little, I have been able to pay my bills, own my home and have a few dollars laid by for the rainy day.

Long Hill, Conn.

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### A Few Hints About Chelidonium.

BY G. W. BOSKOWITZ, M.D.

Chelidonium or Garden Celendine is one of the remedies much used by the older Eclectics and botanics, but has fallen into disuse at the present time, but its value in certain conditions is so positive and I have had so much success with it that I feel it is wise to call your attention to it at this time.

Chelidonium and Wahoo are two of the best liver remedies that we have—liver alteratives would perhaps be a better term for them. Of Wahoo I will write at some future time confining myself in this short article to the Chelidonium.

Its physiological action in large doses is drastic cathartic, but in medicinal doses it is a liver stimulant. I have often given it in 30-drop doses without producing any drastic effect. Its specific symptomatology might be stated in this wise, that it is specifically indicated in sluggish portal circulation, pain in the region of the liver with distension of the abdomen, particularly the right side. In the pain that appears in the region of the liver 3 or 4 hours after a meal and in the pain and distress following gallstone colic.

In the extracts from my lectures compiled by Dr. von Unruh, the following statement is made as to Chelidonium.

In intestinal indigestion generally, fermentation and sluggishness of the bowels.

In clay-colored stools without general jaundice, when the stools float in the water and the skin is sallow, cold, clammy, almost sweaty, a condition that is often found accompanying anemia.

It acts well with *Iris Podophyllin* or *Leptandra*. Externally the juice of the plant is applied to warts, corns and bleeding warts.

It has been claimed that *Chelidonium* will relieve Cancer of the stomach, but no reliable reports are found to substantiate the claim.

I use it in from 5- to 30-drop doses of Specific Tincture or a reliable Fluid Extract.

New York City.

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### Items From the Field of Neurology.

BY THEODORE ADLERMAN, A.B., M.D.

From investigations made as to the occurrence of lunacy, it seems to become an established fact that in all civilized countries the increase in insanity is out of all proportions to the increase in the population. In British territories in forty years the increase of population has been about 87 per cent., while the increase in the number of lunatics has been 276 per cent. If this keeps on, it will not be very long before the entire populace will ultimately become insane.

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The United States is threatened with a spread of mental degeneracy through the enormous increase and multiplication of the unfit. Our asylums are being filled up at a rapid rate—and the general nervous and mental instability is increasing daily.

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Eccentricity of intellectual habit or conduct may be found in men of talent or even in genius, but when this is combined with morbid self-concentration, we must, of course, give a different prognosis as to the case. Such cases deserve careful watching and observing.

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In various forms of alcoholic insanity, or in insanities due to the abuse of morphia, chloral and other narcotics, as well as in partial dementia of middle life, in cases of melancholia accompanied by a dry skin, in puerperal insanity—we should not overlook the action of lobelia, conium and hot water, which must be administered under well specified regulations.

When patients complain of the loss of memory, analyze their symptoms carefully. Many people do not remember when things took place, others complain only that certain portions of their memory is vague, while still others cannot remember colors, or tunes, etc., etc. Nervous patients particularly complain that they do not remember what they wish, as easily as they used to a few years before. Analyze these defects—they form an interesting study.

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It is important in many cases to remember this: nervous people usually have an increased acidity, they overdo everything, and their stomachs overdo its acid forming function.

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Coccygodynia very often reminds us of hysterical coxalgia, or the hysterical arthritises, and seems sometimes to be due to the fact that there is an abnormal mobility of the coccygial vertebrae, which, on account of the concentration of mind and attention, develops a neurosis similar to a like condition in a joint.

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Anemic neurasthenic patients sometimes have difficulty in opening their eyes in the morning, but if the lids are raised by the finger they remain open. This is known as "sleep ptosis"—and will pass away with the general mayesthenia. This symptom is also found in many cases of pseudobulbar paralysis.

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The attention of the patients with mania, is extraordinarily increased, to such a degree, that even the most insignificant trifle in his environment does not escape them. But this attention cannot be held even for a moment, due to the unpausing change and stream of ideas—entailing a complete lack of concentration.

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Imbeciles and feeble-minded have a very high opinion of their own intellectual faculties. Syllogistic reasoning does not occur in idiots or imbeciles.

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Syphilitic neuritis is not a very common occurrence. In some cases the toxic condition may induce a multiple neuritis. Usually only single nerves such as the sciatic, intercostal, or some brachial branch will become affected.

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A child who develops convulsions from any cause should be treated carefully for some time after, for in a predisposed child a

convulsion due to some peripheral onitation may be the starting stone for a future epilepsy.

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While death hardly ever occurs during an epileptic fit, the status epilepticus will often cause death by exhaustion.

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I have before me a book on nervous diseases. In it I read as follows: "When status epilepticus occurs, chloral and hypodermic injections of morphine or hyoscine should be given." Fine, is it not? And this is advice given by a supposed to be "neurologist" (?), this is taught in their schools for which fools donate millions, while we with the most rational—the most curing system of therapeutics—are without a college!

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There is one peculiarity in hysteria, which cannot be found in any other disease (excepting syphilis of the nervous system)—and that is the "sudden appearance, disappearance and shifting around of the symptoms." This is very suggestive—and should not be forgotten.

910 St. Johns Place, Brooklyn.

## **Materia Medica and Therapeutics**

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to  
DR. J. W. FYFE, Saugatuck, Conn.

### **Employment of Remedies.**

There are some wrongs of life in which more than one remedy may be needed at the same time in order to secure a successful treatment, as more than one leading indication may be manifested at the same time. As a rule, however, remedies should be employed singly, or in simple combinations of drugs acting in the same way. The reason for this rule must be plain and readily understood. It prevents random prescribing and careless diagnosis. It also makes the physician more thoughtful, and in the practice of medicine we need to do a great deal of thinking along definite lines. The dose of the remedy used should be the smallest quantity that will produce the desired result. The dose which gives the best influence is very much smaller than one who has been accustomed to the large doses of indirect medication finds it possible to believe. It is difficult to decide just what the dose of a given medicine should be, but it is believed that the doses named in connection with the remedies contained in *Specific Diagnosis and Medication* are



such as will prove the most efficient. If, however, the dose employed falls below the poisonous action of the drug, it will have a specific influence, and the diagnosis being right, will accomplish the object of the prescriber. The essential element of success is to *know* the specific indications and to select the right remedy.

### Winter and Spring Remedies.

If we are to be successful in the practice of medicine we must *know* our remedies. It will not do to have a single doubt about them. Their virtues, as well as their faults, must be thoroughly impressed upon our minds. It may be profitable, therefore, at this season of the year, to re-study such of our remedies as are likely to be required in the treatment of diseases of the respiratory system, for we may have become a little uncertain about some of their finer indications. The man who never forgets must be a somewhat rare animal.

In this suggested re-study it may be well to give thoughtful consideration to the following remedies, dividing them into groups likely to be needed in the diseases named:

*Acute Rhinitis*.—Bryonia, ferrum phos., gelsemium, quinine.

*Chronic Rhinitis*.—Echinacea, hamamelis, potassium chlorate, hydrastis, potassium iodide, boric acid.

*Acute Catarrhal Laryngitis—Croup*.—Aconite, potassium bichromate, stillingia liniment, ipecac, lobelia.

*Spasmodic Laryngitis—Spasmodic Croup*.—Stillingia liniment, potassium bichromate, kali muriate, ferrum phos., magnesia phos., aconite.

*Sub-mucous Laryngitis*.—Aconite, apocynum, jaborandi, cactus, convallaria, strophanthus, kali muriate.

*Laryngeal Diphtheria*.—Aconite, belladonna, gelsemium, nitrate of sanguinaria, phytolacca, rhus tox., stillingia liniment, lime water, veratrum, antitoxin, lobelia.

*Acute Bronchitis*.—Bryonia, ferrum phos., eupatorium, ipecac, lobelia, sanguinaria, veratrum, kali muriate, libradol, compound powder of lobelia.

*Lobar Pneumonia*.—Aconite, bryonia, ipecac, ferrum phos., asclepias, sanguinaria, echinacea, rhus tox., quinine, lobelia, glonoin, cactus, macrotys, bismuth subnitrate, sodium sulphite, baptisia, belladonna, kali muriate, compound powder of lobelia, libradol.

*Lobular Pneumonia*.—Aconite, ferrum phos., ipecac, rhus tox., tartar emetic, kali muriate, compound powder of lobelia, libradol.

*Acute Plastic Pleurisy*.—Aconite, asclepias, bryonia, rhus tox., veratrum, libradol.

*Purulent Pleurisy*.—Baptisia, echinacia, salicea, bryonia.

### Apocynum.

Apocynum cannabinum is an indigenous plant from the root of which is procured a medicine long employed as an efficient remedial agent in many wrongs of life. In small and medium doses it constitutes a frequently needed tonic, diuretic, diaphoretic and alterative, but in very large doses it should have no place in medicine.

Apocynum stimulates the absorbent system and imparts tone to the blood vessels, thus removing edematous infiltration, and acting curatively in many dropsical affections. It is of special value in dropsy of an atonic or passive character, whether known as anasarca, ascites, hydropericardium or hydrothorax. The symptoms usually presented are enfeebled functional action, the circulation is feeble, the surface cool and pallid, skin doughy and relaxed, deeply pitting on pressure, with marked edema, urine scanty and high colored. When the dropsy is the result of heart disease its action is beneficial—even in structural heart disease—for it will carry off a large quantity of fluid by way of the kidneys, and thus relieve the difficult breathing and permit the patient to obtain rest and sleep. In many cases of effusion for which apocynum is a superior remedy, the most prominent symptoms presented are puffy eyelids, swollen feet and ankles, distended scrotum, skin tight, smooth and glistening, usually blanched, but may show pinkish streaks. If the disease causing the watery infiltration is functional, and due chiefly to vascular weakness, apocynum will prove a corrective remedy, whether the edema accompanies sciatica, rheumatism, arthritis, renal or hepatic obstruction, or the congestive pelvic wrongs of women. The leading indication for apocynum, regardless of the name of the disease in which it is manifested, is watery infiltration of the tissues, with weak circulation and general debility. It removes the edematous infiltration, and exerts an influence which tends to prevent further exudation.

Apocynum is a useful remedy in many pathological conditions of women, and is indicated by a full and relaxed uterus, with a watery leucorrhea or watery menstrual flow, or flabby and infiltrated tissues.

The dose of specific apocynum (or a good fluid extract) is from 1 to 20 drops, but it may be more efficiently employed as follows: R Apocynum, gtt x to 5i; water, ʒiv. Teaspoonful every two or three hours.

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### Prescription Incompatibles.

In a terse article on "Prescription Incompatibles," the editor of the *Critic and Guide* says:

"No physician should refrain from writing independent pre-

scriptions because of a fear of insuperable difficulties in the way of doing so intelligently. We believe that a few hours' application should suffice to master the fundamentals of incompatibility in medicine, and with this object in view we have formulated a few rules which should make the acquisition of the necessary knowledge quite easy. In giving the rules, we shall mention only such substances as are generally and frequently prescribed.

*"Alkaloids.*—Great care is necessary in prescribing these, because most of them being potent drugs, precipitation may cause serious consequences, by an overdose of the alkaloid being poured out in one dose. Whenever feasible alkaloids should be prescribed by themselves, either in solution or in the form of granules, pills, etc. Alkaloids should not be prescribed with: Potassium hydrate carbonate and bicarbonate; sodium hydrate, carbonate, bicarbonate and borate (also phosphate); ammonia water and ammonium carbonate; lime-water, iodides, bromides, tannic acid (or substances containing tannin); mercuric chloride; gold chloride. Besides the foregoing, quinine is also incompatible with salicylates and acetates. The reason the alkaloids are incompatible with the above enumerated substances is because the alkaloids are precipitated by them. For instance, if we prescribe morphine sulphate and ammonia water or ammonium carbonate (or the aromatic spirit of ammonia, which contains those substances), pure alkaloidal morphine, which is but very slightly soluble, will precipitate; if we prescribe morphine sulphate and tannic acid, morphine tannate will precipitate; if we prescribe strychnine sulphate and mercuric chloride, a double salt of strychnine and mercury will precipitate, etc.

*"(N. B.*—The alkaloids, or their salts, official in the Pharmacopæia, are: Aconitine, apomorphine, atropine, cinchonidine, cocaine, codeine, colchicine, homatropine, hydrastine, hydrastinine, hyoscyne, hyoscyamine, morphine, pelletierine, physostigmine, pilocarpine, quinine, scopolamine, sparteine, strychnine; in practice, codeine may be prescribed with alkalies, because the pure alkaloid is itself quite soluble in water.)

*"Tincture of Ferric Chloride.*—The principal incompatibles of this much-prescribed tincture and of all ferric salts, are: Salicylates (formation of deep violet-blue color and precipitate of ferric salicylate); benzoates (flesh-colored precipitate of ferric benzoate); tannates (inky color and precipitate of ferric tannate); antipyrine (red color); the iodides and bromides (liberation of iodine and bromine); mucilage of acacia (gelatinous precipitate, unless well diluted); carbonates and bicarbonates (precipitation of ferric carbonate and oxide). When prescribing quinine sulphate with tincture of iron, it is not necessary to order some acid, because the tincture of iron is itself sufficiently acid to dissolve the quinine. It is also well to

remember that oil of wintergreen (and oil of sweet birch) will give a deep violet color with ferric salts, because it is chemically methyl salicylate.

*"Mercurial Compounds.*—Their incompatibles are: Potassium and sodium hydrate, carbonate and bicarbonate; ammonium hydroxide (ammonia water) and carbonate; lime water (precipitates as an oxide); hypophosphites (reduced to the metallic state). Besides it is necessary to emphasize the incompatibility of mercurous iodide with potassium iodide and other iodides (the mercurous iodide decomposes into mercuric iodide and metallic mercury) and of mercuric compounds with alkaloids and borax.

*"Silver Nitrate.*—The only real incompatibility of silver nitrate that occurs in practice, is with sodium chloride and perhaps sodium bicarbonate. The reason physicians sometimes commit the absurdity of prescribing these substances together is because they know that the salts neutralize the caustic effects of the silver nitrate. As to organic substances, the dictum that they are all incompatible with silver nitrate needs revision. It is true that they reduce the nitrate to the state of an oxide, but is it always the astringent effect of the nitrate that we seek when we administer *argentum nitricum*? Do we not frequently want the constitutional effect of the silver? When we do desire the astringent effect on the intestinal canal, silver nitrate should be administered in keratin-coated pills, and the diluent should be an indifferent substance like kaolin.

*"Spirit of Nitrous Ether.*—The two incompatibles of practical import that the physician has to bear in mind are: Antipyrine (a green color due to the formation of a nitroso compound) and iodides (the liberation of iodine). With the salicylates a brownish color is formed, which does not amount to much, and with the fluid extracts of *uva ursi* and *buchu* there is a slight effervescence.

*"Hydrogen Dioxide.*—The incompatibles of this valuable therapeutic agent are: Potassium permanganate, carbolic acid, chlorine water, ferric chloride, iodides, ammonia water, potassium hydroxide, sodium hydroxide.

*"Acids and Salts.*—The strong acids, as a rule, decompose the salts, but, contrary to the general impression, the incompatibility is not a very important one; very often we prescribe deliberately an acid and a salt (usually a carbonate or bicarbonate) in order to get a new salt in fresh condition. Thus we prescribe sodium bicarbonate and salicylic acid in order to get fresh sodium salicylate. Salicylates and benzoates, however, should never be prescribed with acids, because salicylic and benzoic acid are liberated, and being but very slightly soluble in water, they float about in flakes or are precipitated to the bottom of the vessel.

*"Miscellaneous Points.*—(1) Ichthyol is insoluble in strong alco-



holic media and incompatible with, because precipitated by, strong acids and iodides. (2) Iodine should not be prescribed with water or glycerin—unless some potassium iodide is ordered at the same time. (3) Hydrochloric acid, when added directly to potassium chlorate, liberates chlorine. This is sometimes done deliberately, when the physician wants a mixture containing free chlorine. (4) Menthol, thymol, chloral and camphor liquefy when rubbed together. While they may be prescribed in a liquid preparation, they are absolutely incompatible when ordered in powders or capsules. (5) Potassium permanganate is incompatible with most organic substances, and when prescribed internally should be prescribed with kaolin as the diluent, and petrolatum or woolfat as the excipient. (6) Chlorine water should be prescribed alone, because it combines very readily with other substances.

“With these few points in mind—and their acquisition certainly presents no great difficulty—the physician will be able to make a practice of prescribing independent combinations without the fear of making blunders, serious or otherwise.”

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#### Asclepias.

The root of *asclepias tuberosa* yields a medicament which has always been a favorite Eclectic remedy in pleurisy, pneumonia and pleuro-pneumonia. Ten to thirty drops of the specific medicine in *very hot* water every half hour will promptly remove sharp, cutting pleuritic pain. *Asclepias* is the most useful when the temperature is but moderately increased, although it is many times of value during high fever. When there are sharp, cutting or darting pains, increased by deep breathing, the skin slightly moist, or inclined to moisture and lack of secretion by the skin, *asclepias* will exert its greatest influence. In most cases ten drops to two drachms of the specific medicine added to four anners of water will constitute a prescription of sufficient strength, of which a teaspoonful may be administered every hour.

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#### Alum in Whooping Cough.

There is an old-fashioned remedy that I have used many years in whooping cough, that I find is depended upon more in foreign countries, especially Stockholm, Sweden, and Germany, than any other one remedy, and that is powdered alum. Thirty grains in four ounces of syrup of tolu, a dram given every two hours in the early stages of the difficulty, will improve all the conditions, and tend to greatly reduce the number of paroxysms. This is especially true if given alternately with very small doses of belladonna.—Exchange.



## Society Meetings

### SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Indianapolis, Ind., June 16-19, 1914. W. S. Glenn, M.D., State College, Penn., president; W. P. Best, M.D., Indianapolis, secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1914. G. J. Olsson, M.D., president; T. D. Adlerman, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month. D. Alperin, M.D., president; A. S. Gombar, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month. John Birkenhauer, M.D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton street, Brooklyn. Theodore Adlerman, M.D., president; A. B. Wolf, M.D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes street, Brooklyn. A. B. Wolf, M.D., secretary.

### Eclectic Medical Society of the City and County of New York.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held at Van Glahn's Hotel, 59th Street and Columbus Avenue, January 15th, 1914. Dr. D. Alperin presiding.

There was a good attendance of members and friends.

The minutes of the previous meeting were read and approved.

Dr. Boskowitz, who was present for the first time within a year, expressed his pleasure at meeting with the Society again and regretted very much that he had been forced to miss the opportunity of meeting with them for so long a time. He referred at some length to college matters and stated how impossible it seemed to be at this time to reopen the college as an undergraduate school without substantial financial help—he stated that if our school had all the students that were attending the various eclectic colleges in the country their fees would not be sufficient to meet the expenses imposed by the Regent's rules: that to continue as a registered institution in the State of New York today an endowment fund of at least \$200,000 would be necessary. He suggested the possibility and advisability of opening an institution to teach eclectic therapeutics and practice, to students and graduates. This he thought might receive sufficient financial aid, for the amount necessary would be far less than to re-establish the college.

Several members of the Society favored this suggestion and on motion of Dr. Sillo the following committee was appointed to take the matter under advisement and report at the next meeting.

President Alperin appointed, as such committee, Drs. Sillo, Hardy, Thompson, Harris and Blaustein.

Dr. Lanzer read a paper on the "Surgery of the Pancreas." He discussed the manner of operating, the dangers, especially from hemorrhage, and of fat necrosis caused by injury to the pancreas, and the outpouring of its secretions into the peritoneal cavity.

Dr. Heeve mentioned his experiences at the Mayo Clinic. Dr. Mayo reports that out of 2,200 cases of gallstones, 6.1% had pancreatitis, and that out of 168 cases of pancreatitis, 81% were due to gallstones. Dr. Heeve believes that most of these difficulties begin at the common duct. He then discussed most extensively the differential diagnosis of this disease, and showed how difficult it was to make a proper diagnosis.

Drs. Boskowitz, Pearlstein and Sillo also discussed the paper.

A vote of thanks was extended to Dr. Lanzer and to those who discussed the paper.

Dr. Alperin said that a new method of manufacturing colloid metals was now being exploited in this country, which should be far superior to those made in France, as transportation by sea reduces their strength.

Dr. Harris reported that the printing of the new constitution and by-laws would cost \$24. A motion was then made and seconded that Dr. Harris be authorized to place the order for printing same with the Hamilton Press. Carried.

The Society then adjourned.

A. S. Gombar, M. D., Secretary.

## **Selections**

### **Radium in Cancer.**

CAMBRIDGE, Mass., January 29.—The Harvard Cancer Commission, which has for a year been experimenting with radium and its derivatives as a cure for or alleviation of cancer, has just issued a report which states that at present the only satisfactory treatment for this dread disease is surgery.

The Commission has been working in conjunction with the Harvard Medical School, and from its experiments a number of valuable observations have been made. The Harvard authorities at present take a conservative view of the value of radium, but the Commission will pursue its investigations indefinitely, with the hope of determining eventually just what radium can do.

Harvard is the first college in the country to take up this study in a thorough way. The experimentation is being conducted in the university laboratories and a considerable number of patients are being treated by radium under its direction. Careful records, illus-

trated by photographs, tracings and measurements, are being kept so that the benefit of radium therapy may be determined.

The Harvard doctors are treating a number of their patients with the radioactive gas or emanation which arises from radium in solution. The statement just issued by the Harvard Cancer Commission follows:

"In certain limited cases, treatment by radium seems to be curative, while in others, not cured by this agent, local results are good and such distressing symptoms as pain, hemorrhage and discharge may be greatly benefited. At the present time, however, the most satisfactory treatment of cancer is generally admitted to be the complete removal by surgical operation at the earliest possible moment. The best, or curative results from radium therapy are obtained in cases of various skin diseases, including certain types of skin and other localized forms of cancer.

"In many cases of true cancer which have advanced beyond the operable stage, or cases recurring following operation, improvement after radium treatment may follow not only symptomatically, but in the local condition. Such cases, however, are rarely cured. Occasionally large growths are much reduced and even disappear under the influence of radium, but metastasis, or spreading of the growth to other parts, is not usually prevented, or the patient may succumb from toxemia during the process of absorption.

"Great variations occur in different types of cancer in the same and in different individuals. In some cases the entire duration of the disease is short—months; in others it may last for years, as many as twelve or fifteen, and there may be periods of great temporary improvement. But the fact cannot be too strongly emphasized that this variability in the natural history of new growths may account for many of the favorable results supposedly due to therapeutic procedures.

"Owing to the possible exaggeration and misinterpretation of the result of radium therapy it is deemed most important that ample and accurate clinical data be secured and the results recorded in a form suitable for critical analysis. It is to obtain such accurate observation of the effect of radium treatment, to devise new and more effective methods of administration and to give to the public the unprejudiced result of these investigations that the Cancer Commission of Harvard University is devoting its energies."—Exchange.

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**Radium Control Bill.**—The plan for Government control of radium-bearing ores which may hereafter be found on the public domain and for the construction of a Government reduction plant is outlined in a bill prepared for introduction into Congress. It provides that all public lands of the United States on which radium-

bearing ores are located shall be subject to exploration and occupation under the mining laws, on condition that the United States shall have the exclusive right to purchase part or all of the product of such lands to the amount of public need; it authorizes the Government to construct and operate plants for the extraction of radium as it may desire; it authorizes the Government, through the Secretary of the Interior, to buy radium-bearing ores mined from the public lands at prices to be fixed by the Government and based upon semi-annual investigations of the cost of production and reasonable profits to the miners; and it permits the Federal Government to buy radium from other sources than the United States and to sell the by-products of radium production in the Government plant and to dispose of the radium extracted there in such manner as will best subserve the public welfare. It is believed that the terms of the bill will satisfy all those interested in the questions.

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**Mt. Sinai Hospital.**—At the sixty-first annual meeting of the hospital, held on January 25, announcement was made of the gift of a plot of ground measuring 100 x 175 feet, on Fifth Avenue and Ninety-ninth Street, directly across the street from the hospital. This completes the site needed for the enlargement of the present plant. The building fund has already received subscriptions up to the sum of \$1,000,000; it was hoped that an additional \$500,000 would soon be subscribed.

Announcement was also made of the retirement from active work of Dr. Arpad G. Gerster, visiting surgeon for thirty-four years, and of Dr. Julius Rudisch, visiting physician for thirty-nine years. In recognition of their long services Dr. Gerster was presented with a silver tea service and Dr. Rudisch with a silver vase, and both were made consultants to the hospital.

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**To Revoke the License of Drug Addicts.**—A bill drawn up by Dr. C. B. Towns of this city and now under consideration by the Senate Committee on Public Health, is designed to prevent the sale of all habit-forming drugs except under severe restrictions. One of the sections of special interest to physicians provides that "Any license heretofore issued to any physician, dentist, veterinarian, pharmacist or registered nurse may be revoked by the proper officers or boards having power to issue licenses to any of the foregoing upon proof that the licensee is addicted to the use of any habit-forming drugs, after giving such licensee reasonable notice and opportunity to be heard." If such a bill is to become a law it should state specifically what are "habit-forming drugs" and to what extent one may use them before being regarded as "addicted" to them. Alcohol and tobacco are habit-forming drugs.—"Record."



### **The Phylacogen Treatment of Infections.**

An interesting experience with Phylacogens has been narrated by Dr. E. H. Troy, of Oklahoma. It appeared in a recent number of the "International Journal of Surgery."

"I have treated twenty-four cases of rheumatism," writes Dr. Troy. "Their recoveries were as rapid as remarkable. One man of thirty-two had had rheumatism for three years; he was confined to bed for three months, and eight months elapsed before he was able to work. He was brought to the hospital on a bed and had to be lifted on a sheet. I gave him one dose of Phylacogen daily, and in six days he walked to the station, carrying his suit-case. Another patient, a man twenty-four years old, had inflammatory rheumatism when ten years of age. He was confined to bed for six months. He has suffered all his life, and had visited the various watering-places in America, receiving very little benefit. The last four years he had been almost incapacitated. I gave him ten doses of Phylacogen, and his recovery was rapid."

Dr. Troy refers to a number of other cases of infection, including chronic otitis media, sycosis, acne, carbuncle and erysipelas, in the treatment of which he has been singularly successful, and adds:

"The administration of Phylacogen is peculiarly adapted for the treatment of infectious disease. . . . The only requirement is to make a diagnosis. If you are treating infectious diseases without making a diagnosis, however, do not be disappointed if you do not get results with the Phylacogens."

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### **Medical Self-Advertisers.**

While deploring the difficulty of dealing in a corrective way with certain practitioners who are given overmuch to "deliberate advertising" and "self-laudation," the County Medical Society protests formally against the "rapidly increasing number of publications in the lay press concerning the professional activities of many prominent members of the society," and urges its members, if they must give out information, "to do so in an impersonal manner."

This very mild protest has brought forth some strange criticisms. We are told that in effect it is a protest against the "diffusion of knowledge"; it is even hinted that the protestants may be uneasy at "the success of certain members of their profession" in making their doings public; and finally the old notion of a decent reserve in matters of this sort is dismissed as foolish and out of date. This strikes us as a very wrong-headed way of dealing with the question. The Board of Censors in its report took particular pains to disown any intention of interfering with a reasonable degree of publicity. "The public," the report says, "demands information on the progress of medical science, and it has a right to do so." The



protest was made specifically against the superfluous reporting of feats in the way of "self-laudation rather than public health education," and against hasty generalizations tending to "awaken false hopes" and having no better foundation than the "immature ideas of an enthusiast."

The state of affairs glanced at by the County Medical Society is so notorious that it is impossible to see why this timely rebuke should be resented by any but the offenders themselves. The way in which the theories and performances of an infinite number of unimportant doctors have been advertised of late is little short of scandalous. Hardly a week passes without some new cure for cancer, or tuberculosis, or diabetes, or arteriosclerosis and for a week each little investigator is celebrated on the pretence of keeping the public informed of the progress of medical science.

Flagrant advertising of this sort would not be tolerated elsewhere: the doctor in question would be called upon to explain his part in the affair and might think himself lucky to escape with a warning. A bad example has unfortunately been set by a few able practitioners who are so eager to keep the public informed of the very latest facts that they dish them out with quantities of undigested speculation and leave it to time to weed out the fiction.

—"Evening Sun."

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#### Sodium Salicylate in Uterine Disorders.

Are we not overlooking in the use of salicylate of sodium its actions on the womb? I am inclined to think we are. How many physicians know that given in large doses, it will produce abortion in the early months. Also that it will restore the menses that have disappeared in some cases, and at the same time it may produce irregularity, too frequent occurrence. Uterine pains from rheumatic conditions are overcome by it. This applies to dismenorrhœa in rheumatic patients. I have seen many influences of this remedy that are similar to macrotys, in other conditions, and especially so in their action on the womb.—*Exchange*.

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#### Sudden Death in Labor.

Various explanations have been made of the cause of sudden unanticipated *death after labor*. Sudden collapse, rapid prostration, failure of all the vital forces, are the usual symptoms. A German writer had all these symptoms occur beginning perhaps fifteen minutes after the satisfactory expulsion of the child. A post-mortem showed that there was rupture of the pancreatic vessels from a co-existent pancreatitis. He believes his case is the first case reported, and thinks this might be the cause oftener than is supposed.—*Exchange*.

### The Detection of Aloes in Mixtures.

According to Mossley (*Chem. & Drugg.*, 1913, p. 915) the following method may be used for the detection of aloes in certain mixtures: The extract, etc., is evaporated to drive off alcohol, and the residue dissolved in water. The filtered solution is heated for thirty minutes at water-bath temperature with 5 Cc. of sulphuric acid (10 per cent.). The sulphuric acid is then exactly precipitated with solution of caustic baryta, and the barium sulphate filtered off. The filtrate, concentrated to 100 Cc., is treated with slight excess of lead-acetate solution in order to remove coloring-matter, and 10 Cc. of the filtrate treated with sodium-sulphate solution to remove excess of lead. This liquid is then divided into equal parts, and one is extracted with benzene, and the benzene shaken with dilute ammonia. Oxymethylantraquinones derived from other drugs, which would interfere with the aloin test, should be completely precipitated by the lead acetate. If this is the case, the ammoniacal layer will be only of the faintest rose color, whereas if precipitation is not complete the ammonia will be a full red color, and the bulk of the solution must be again treated with lead acetate and the test repeated. When oxymethylantraquinones are shown to be completely precipitated the other small portion of the filtrate is treated with excess of solution of bromine, which, in the presence of aloin, yields a flocculent precipitate. If this reaction be given, confirmation should be obtained from the main bulk of the solution. This is freed from lead by means of sodium sulphate, and 10 Cc. of the filtrate shaken with 2 to 3 Gm. of borax and allowed to stand for a quarter of an hour. In the presence of aloes a green fluorescence appears. Secondly, 10 Cc. are heated with a drop of hydrogen peroxide and a drop of copper-sulphate solution, when the appearance of a red coloration, becoming intensified on standing, indicates the presence of aloes. Samples free from aloes give an orange color, which does not alter on standing. It is claimed that 0.2 Gm. of extract of aloes in the presence of 5 Gm. of a mixture of extracts of rhubarb and cascara, etc., can be detected.

### Items

Doctor and Mrs. Boskowitz will sail for the South of France on the Adriatic February 21st, and expect to return about the end of April.

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The Kings County Eclectic Medical Society will hold its annual meeting Thursday evening, February 12th, at the Hofbrau Haus, Rockwell Place, Fulton Street, Brooklyn.

**Smallpox at Niagara Falls.**—Every theater in Niagara Falls was ordered closed by the Board of Health on January 22, because of the prevalence of smallpox. Seventy-nine houses are under quarantine, many of the churches are closed, and twenty-nine patients are being cared for in the Quarantine Hospital.—*Record*.

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Cord. Ext. Ol. Morrhuæ Comp. (Hagee) serves its largest purpose during the winter season, when diseases of the respiratory organs are most prevalent. In no few instances, if persons of reduced vitality were to use Cord. Ext. Ol. Morrhuæ Comp. (Hagee) as a means of increasing bodily resistance, pneumonary attacks would be avoided, but it is particularly in the convalescence from acute bronchial and pulmonary diseases that this product is of such service. It exerts a soothing influence on the bronchial mucosa, thus directly ameliorating the cough, and further still, builds up the patient to a higher point of resistance.

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**New Hospital Pavilion.**—The new Private Patients' Pavilion of the Flower Hospital at 450 East 54th Street, New York, was opened for inspection on January 17. The building, which is connected with the main hospital by corridors, is six stories high, 140 feet long, and 40 feet wide. The basement contains the main and diet kitchens, dining rooms for the staff, store rooms, etc. On the second floor are the offices and administration rooms; on the second floor semi-private wards, containing four to six beds each; on the third floor the maternity ward and private rooms; on the fourth and fifth floors private rooms only; and on the sixth floor the operating rooms. The building is supposed to be fireproof and there is no wood trim in it.

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**Dr. Biggs for State Commissioner.**—Governor Glynn of New York announced on January 15 his intention to send to the Senate his nomination of Dr. Hermann M. Biggs to be State Commissioner of Health, for a term of five years. Dr. Biggs, who recently resigned as General Medical Officer of the New York City Department of Health, has had a long and wide experience in public health matters, and the State is to be congratulated on his willingness to take up the arduous duties of the State Department. In naming him, Governor Glynn said: "Not a single political recommendation was made in the case of Dr. Biggs. Every request made for his appointment came from some big uplift organization or some prominent man who saw in his selection the establishment of great things in public health work. I believe I have obtained the services of the best man in the country for the administration of the new health laws."

Don't forget to attend the State Meeting at Albany. Remember the place and dates, City Hall, Albany, March 25-26, 1914.

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If you have forgotten to send in your subscription do it now, why delay. Subscription blanks will be found among the advertising pages.

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**Health Commissioner Goldwater.**—Mayor Mitchel has appointed Dr. S. S. Goldwater, Superintendent of Mt. Sinai Hospital, Health Commissioner of New York City. Dr. Goldwater was graduated from the University and Bellevue Hospital Medical School in 1901. In 1908 he was appointed an adviser in matters of hospital construction to Bellevue, Harlem, Fordham, and Gouverneur hospitals, and has served also as an adviser to private hospitals, including the Presbyterian and New York hospitals, the Montefiore Home and many institutions in other parts of the country. He is vice-president of the New York Academy of Medicine and is secretary of the Associated Out-Patient Clinics of the City of New York. In 1908 he was president of the American Hospital Association.

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Dr. P. Nilsson has been very sick with pneumonia. We are glad to hear that Dr. H. Harris, his attending physician, reports him out of danger.

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**Wisconsin Law Invalid.**—The so-called "eugenics law" recently passed in Wisconsin, which provided for the issuance of a marriage license only upon a certificate of good health, was declared to be unconstitutional in the Circuit Court on January 20. It was held that the law was of unreasonable salutary limitation in so far as the physician's fee was concerned, and that it was an unreasonable and material impairment of the right of proper persons to enter into matrimony. Although praised because of its aim toward the suppression of sex diseases, the law was condemned because its enforcement was a practical impossibility.

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**Uses of Digitalis.**—W. R. Steiner quotes Hirschfelder in the statement that digitalis should be given for dilatation of the ventricles and for fibrillation of the auricles. In valvular disease the drug is required only in broken compensation. In subacute and chronic cases of heart disease its use is often accompanied by brilliant effects, though some instances of mitral stenosis prove refrac-



tory to it. In aortic lesions, contrary to the teachings extant since the time of Corrigan, digitalis is not contraindicated, but in prolonged use strengthens the heart by increasing the tonicity. Bradycardia or arrhythmia, however, should be carefully looked for in these cases, as its presence indicates cumulative effects. In juvenile or respiratory arrhythmia, digitalis is contraindicated if the heart is not dilated, but in heart block, or atrioventricular allorhythmia, it should be employed if the block is complete, as Bachman and Hewlett and Barringer have shown that digitalis increases the automaticity of the ventricles. The drug, however, should be used with caution. In extra-systole it should be given, if this condition is accompanied by dilatation, on account of the effect upon the latter, and also in pulsus alternans, as digitalis increases the force of contractions, which is weakened in this type of arrhythmia. In the remaining variety of irregularity—auricular fibrillation—the action of digitalis is magical by virtue of the slowing of the ventricular rate from an inhibitory effect upon the fibrillating auricles or from a depressing action upon the conduction of impulses from the auricles to the ventricles, through the atrioventricular bundle or muscle of His. The best effect of digitalis is seen when the pulse is rendered quite slow, that is between 50 and 60, for which purpose large doses may be necessary for a considerable period of time. Windle, for instance, estimates that five to eight drams of the tincture may have to be given in 15-minim doses for about 10 days before the maximal slowing is noted. If, however, still larger doses are given, the same result can be accomplished in two or three days. In acute intoxications either from acute infectious diseases or from the action of poisons or from acute fatty degenerations from other causes, digitalis is distinctly contraindicated. In partial heart block, also, it should not be used, because it is likely to bring on complete block suddenly and with it there is danger of an attack of the Adams-Stokes syndrome.—*Record*.

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### Three Rare Drugs.

F. A. P. MONTAGU, AWANNI, NORTH NEW ZEALAND.

I wish to draw the "family's" attention to three very valuable drugs, which I have used for a number of years and which have given me every satisfaction. They are not a cure-alls, and have a very definite scope. In rare cases do I use them separately, and the dosage I have thoroughly tested in each. In my opinion they should be appended to the Eclectic Materia Medica. They are worthy of your attention and have been used by the natives of their respective countries, and are well known both by the Brazilian and Mexican physicians. I



have never seen these remedies mentioned in any journal, European or American.

**Arctostophylos Glauca Manzanita.**—The leaves only are used. This remedy is tonic and astringent and somewhat resembles uva-ursi. It has a specific predilection for the renal and reproductive organs. It may be used in diarrhoea in from five to thirty minim doses every three hours. It is chiefly used in treating diseases of the genito-urinary organs, viz.: Gonorrhoea, gleet, spermatorrhea, chronic-nephritis, vesical catarrh, enuresis, diabetes mellitus and insipidus, leucorrhoea and menorrhagia. In the above diseases I always use it in combination. It is made into a fluid extract by Parke, Davis & Co., Detroit, Mich., and the proper dosage is from two to fifteen minims. Maximum dosage one dram. It is a native of Mexico.

**Liriosma Ovata Muirapuama:**—The root only is used. This remedy is highly prized as an aphrodisiac and nerve stimulant, by the natives. I have found that this remedy is one of the most powerful brain and spinal stimulants that I have ever used. I have prescribed it in spinal anaemia, neurasthenia, hypochondriasis and impotence with excellent results. In large doses it is somewhat of a narcotic and its action resembles in a degree that of passiflora. The heart's action is increased in frequency. There is a rise of blood pressure and a slight increase of temperature. The brain at first becomes dull and then clear. It imparts the power of clear concentration. The nerves are braced up and the spirits become buoyant. It is certainly a very powerful aphrodisiac. The proper dosage is from five to fifteen minims in combination. Maximum dosage, one dram. It is a native of Brazil. Parke, Davis and Co., fluid extracts are used.

**Yerba Santa Buena:**—This remedy is a febrifuge stomachic, carminative, tonic and stimulant. It is useful in remittent and intermittent fevers. I have found that it is a very valuable carminative. It will allay griping, nausea, and flatulence, especially when a patient has that weak empty feeling on waking, generally found in acute gastritis. It is also a stimulant to the reproductive organs. I have also found that it is a good stomachic and tonic to the digestive tract in cases of reflex action caused by sexual excesses, abuses, or masturbation. The proper dosage in combination is from three to ten minims. The maximum dose one dram. Large doses derange the stomach, and cause constipation. It is a native of Mexico.

These three drugs in combination with *Serenoa serrulata* make a perfect compound, and physicians who will use this will keep away quacks and other so-called specialists.

The symptoms demanding this combination are: Impotence where the penis is flaccid—the glans cold, and withal want of erectile and intromittent power; spermatorrhea caused either by sexual excesses or indiscretion; masturbation; atrophy of the testis; with pale shrunken scrotum, with partial paralysis of the spermatic nerves; mental aberration, despondency, hypochondriasis; spinal neuralgia, loss of memory, anorexia palpitation, hysteria and neurasthenia. All these point to one complaint and that is general debility.

It is our duty to heal the sick if possible, and to relieve them when it is impossible to effect a cure. I am confident there are quite a number of patients in lunatic asylums who have lost their mental balance through diseases of the sexual organs, especially masturbation.

Physiology plainly teaches us the peculiar relation that exists between the brain and generative organs and a disease of the latter is always accompanied with marked mental disturbance, great lassitude and general debility.

From reflex action the functions of the stomach and digestive organs are impaired. Now, my brethren, I place before you a thoroughly tested formula which I freely give to physicians for the benefit of humanity suffering from the effects of masturbation, and which I sincerely trust will save many thousands from an early grave.

A tight or elongated prepuce, or an abnormal clitoris are in 75 per cent. of cases the cause of masturbation in both sexes. In the above, satyriasis and nymphomania are also contracted. In young children in both sexes, worms will also cause masturbation. My formula is:

R	Fluid ext. arctostaphylos galauca.....min.	32
	Glycerine C. P. ....drams	2
	Fluid ext. lirisoma ovata.....drams	4
	Lloyds serenoa serrulata.....min.	80
	Fluid ext. yerba buena.....drams	3
	Aqua q.s. ad.....ounces	8

Mix. Sig.—From one to four drams three times daily after meals.

If the patient finds this mixture too strong, reduce by half and gradually increase to full quantity. Parke, Davis & Co., although they do not now stock these drugs will, I am sure, replace them should American physicians petition them to do so. The real reason why they are now omitted from their price list is because there was very little sale for them.—“Ellingwood’s Therapeutist.”

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No. 3.

## Hints and Winnowings.

**Eye diseases** are frequently presented for the consideration of the general practitioner of medicine, and even if he does not include them in his therapeutic activities, it is absolutely necessary that he should keep their leading features fresh in mind, in order that he may at all times be able to render a differential diagnosis free from doubt. His reputation demands this, for it will never do for him to send to a specialist a case of acute conjunctivitis diagnosed acute glaucoma. Little things in diagnosis often make for securing or losing the confidence of a patient.

In an able article on eye diseases recently published in the *Medical Times*, Dr. John M. Wheeler, of New York, points out facts well worth remembering when reviewing our knowledge of acute diseases of the eye, a few of which being as follows:

*Acute catarrhal conjunctivitis* is commonly known as "pink-eye." There are certain reliable diagnostic signs and symptoms in this connection which should be familiar to all physicians. In acute inflammation of the conjunctiva this membrane is red, and particularly that part away from the cornea. This *conjunctival redness* must be distinguished from the so-called circumcorneal redness which immediately surrounds the cornea in acute disease of the iris, ciliary body or cornea. In acute conjunctivitis there is always *mucoïd* or *muco purulent secretion*, and usually this appears in abundance. Subjectively the patient complains more of smarting and burning than of pain.

*Gonorrheal Conjunctivitis*.—This is met with most often in infants born of mothers afflicted with gonorrheal vaginitis, and the clinical picture presented by the new born within a few days of birth is a pitiful one. But it should be borne in mind that gonorrheal infection of the conjunctiva may occur in persons of any age, and that the disease is even more serious in adults than in babies. Gonorr-



rhea infection, and no other infection, produces a profusion of thick, creamy, purulent conjunctival secretion. The diagnosis should be confirmed by microscopical examination of the pus which reveals the characteristic intracellular diplococcus, negative to Gram's stain.

*Phlyctenular Conjunctivitis and Keratitis.*—Phlyctenular inflammation of the conjunctiva and cornea presents the characteristic little nodules of lymphoid cells called phlyctenules. It occurs for the most part in children who are badly fed and are too little given to cleanliness and out of door exercise. This condition is sometimes referred to as "eczematous" or "scrofulous" and is usually accompanied by enlarged cervical glands, and eczematous fissures about the ears or nostrils. Photophobia, lachrymation and spasm of the eyelids generally are marked, and cause the child to present a pitiable appearance of distress. The phlyctenules may be in the conjunctiva or in the superficial layers of the cornea, but most often at the corneo-scleral junction. The nodules break down to form little ulcers, and if situated on the cornea give rise to considerable pain, which is often augmented by fissures of the skin at the outer angle of the eyelids.

*Interstitial Keratitis.*—This is an inflammation of the substance of the cornea; that is, an inflammation affecting neither the anterior nor the posterior surface, but the buried layers of the cornea. By the inflammatory process this normally clear structure is rendered opaque, and the acute symptoms of photophobia, lachrymation and intense blepharospasm appear. With very few exceptions, inherited syphilis is responsible for this disease, so that the diagnosis usually is rendered easy by the recognition in a young person of the inflammatory eye symptoms together with characteristic signs of inherited syphilis, such as Hutchinson's teeth, prominent frontal eminences, depression of the bridge of the nose and linear scars on the face near the angles of the mouth. The keratitis usually occurs in both eyes, but not necessarily simultaneously.

*Acute Iritis.*—It is not exaggeration to say that iritis often goes unrecognized by general practitioners of medicine. It is too often mistaken for conjunctivitis and without good reason, as the two conditions are usually easy to differentiate. In iritis there is increased flow of tears but no muco-purulent or purulent secretion, whereas in acute conjunctivitis there is always excess of muco-pus or pus, usually in such abundance that the eyelids are "glued together" in the morning when the patient awakes. This diagnostic point alone, if possessed by the physician, is sufficient to prevent him from falling into the common error of mistaking the serious condition of iritis for the comparatively innocuous condition of conjunctivitis. Acute iritis when treated for conjunctivitis may



lead to serious impairment or loss of vision. Pain in the eye and head, usually worst in the early morning hours, tenderness of the eyeball, change in color of the iris, diminution in size of the pupil and circumcorneal redness accompany acute inflammation of the iris, and do not accompany acute inflammation of the conjunctiva.

*Acute Glaucoma.*—This is a most painful and serious disease of the eye occurring more often in women than in men. The pain is often more in the head above the eye than in the eye itself. It usually is intense, and accompanied by nausea and vomiting. Probably acute glaucoma has been diagnosed "headache and gastritis" many times. The increased intra-ocular tension renders the cornea steamy and shuts off the sight; the pupil becomes dilated and fails to contract when condensed light is thrown in the eye; the vessels about the cornea become engorged, giving a violet-red circumcorneal hue, and palpation reveals a hard eye, exceedingly sensitive to manipulation.

**Heroin** at the time of its discovery was heralded as a therapeutic agent of inestimable value to the human race, and the same may be said of cocaine, but on the contrary they have proven the greatest curse of the present age. This statement is a broad one, but facts easily obtained fully justify the assertion. When properly employed under the judicious care of a conscientious physician they are of some usefulness, but no man or woman who gives to a patient a prescription containing either of the drugs named can truthfully claim to be such. These drugs wreck the lives and turn human beings into degenerate animals of the lowest class.

A youthful criminal recently arrested for murder confessed to daily using large quantities of heroin, and said that human life appealed to him "no more than insects I wanted to kill"—that heroin was his daily guide, counselor, friend and inspiration.

Judge Edward Swann of the New York Court of General Sessions declares from his experience in dealing with thousands of cases, that heroin and cocaine are the drugs which spur on irresponsible youths to commit crime. "The gangster is a coward at heart," said Judge Swann, "but give him heroin and fear leaves him, and there is no crime, as a matter of record, that he has not committed."

The persons who vend this terribly vicious drug, and thereby help to wreck the lives of human beings, are contemptible and unworthy of association with the lowest of mankind, but worse still are the manufacturers and large dealers in these habit-forming drugs, who rake in enormous profits from the manufacture and sale of an agent they know is sure to ruin the lives of men and women, and even of children. They are worse than venomous snakes, and should be ostracized by every decent man and woman.

Well-informed investigators into the widespread ravages of the drug habit estimate that there are at least 1,000,000 victims in the United States. In one New England city alone 1,000 heroin fiends have been recently found, and there are in the same city as many more beginning to acquire the deadly habit.

Every year there is imported into the United States half a million pounds of opium, not to mention the large quantities that are smuggled into this country. Enough heroin to prove fatal can be placed in a very small powder paper, and yet tons of it are consumed in the United States each year under various names. If there are 1,000,000 victims of the drug habit in the United States, and the number is constantly increasing, it is surely quite time that American physicians ceased writing prescriptions for habit-forming drugs. Such prescriptions are unnecessary, and they place life-wrecking drugs within easy reach of the laity.

An able investigator who has given much thought and attention to drug addicts makes the following suggestions:

"The drug habit has been allowed to thrive and flourish almost unchecked. The only power which can attack the drug demon in a vital spot is the Federal government by means of restrictive laws. It should absolutely control the manufacture of the drugs and should be able to follow every ounce of the stuff to the final consumer of it in order to control the traffic and prevent more recruits from among the children of the country.

"The habit can only be prevented from spreading by the registration of every wholesaler, every importer, every manufacturer, every retail druggist and every physician engaged in interstate drug commerce.

"The drug dealers can only be brought within control by a system of order blanks supplied by the internal revenue officials.

"In that way, and apparently only in that way, can the drug habit's spread be controlled and all 'leaks' stopped. It is now perfectly possible to buy these drugs with no more formality than a written order on a drug concern's letterhead.

"Uniform laws could be adopted in conformity with the Federal statute and the sale of hypodermic syringes could be prohibited to every one except licensed practicing physicians.

"In many cities in Connecticut victims of the drug have resorted to forgery, as in Bridgeport, of doctors' names to prescriptions in order to secure a supply of the poison. There should be not only a severe punishment for these people, but there should be a regulation of the doctors who prescribe the deadly drugs. Such doctors as exceed certain limits should have their licenses absolutely revoked and should be punished beside.

"Theft, robbery and burglary are commonly resorted to by the

drug victims in their desperation to secure the poisons which are slowly enchainning them in their toils.

"The drug habit is more dangerous than any of the other stimulant habits and it is much harder to detect. It threatens the school children of the nation and once in the clutches of the drug demon, the victims are rarely freed except by death.

**Druggists** are sometimes amusingly inconsistent. This fact is evidenced in various ways, but at this time I only wish to call attention to their constant violation of medical license laws. With all of their clamoring for laws compelling physicians to send their patients to them for all medicines prescribed, claiming that such laws are necessary as a means of protecting the public from the ignorance or mistakes of the doctors, they do not hesitate to prescribe for diseases of the most complicated character, notwithstanding their meager knowledge of diagnosis and therapeutics. These thoughts were suggested by an advertisement published over the signature of a prominent advocate of laws prohibiting dispensing by physicians. In his advertisement the gentleman in part says:

"You can't afford to be sick. When you don't feel right you should take something to make you right, and we have that something. It will build you up, strengthen you and ward off serious sickness. When you are run down, feel tired, nervous, debilitated or weak, we have the medicine that will make you strong and keep you in good health."

The symptoms given may indicate the beginning of a dangerous illness, and yet this druggist is anxious to prescribe for them. This is surely practicing medicine without a license and in the most quackish manner.

**Scabies** should always be thoroughly examined, for the reason that it is liable to present localizations. In males it generally spreads to the penis, because the patient conveys the mites to the penis while urinating. In females the scabies mite is likely to locate under the breasts and around the waist. A failure to note these points has many times resulted in a failure of treatment.

FYFE.

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#### Dr. Lazarus Schoney.

Dr. Lazarus Schoney, surgeon and author of several volumes on sciences, died Tuesday night, Feb. 17, 1914, at his home, 2899 West Eighth Street, Coney Island, from heart disease. Dr. Schoney was born in Budapest, Hungary, on Oct. 18, 1838, and was graduated from the Kaiser Carl Ferdinand University at Prague, in 1857. He came to America in 1860, and two years later was graduated from

the University of Pennsylvania. When the Civil War began he served as chief contract surgeon, with offices at the Senate Chamber, and while there he became intimate with President Lincoln. Dr. Schoney served in the field at many battles, including Gettysburg. After the war, he went to Paris and Berlin to study, and returned here in 1868 and practiced medicine. He was for a number of years professor of pathology and clinical microscopy at the New York Eclectic Medical College. He was a Fellow of the New York Academy of Sciences, American Association for the Advancement of Science, and a member of the American and New York State Medical Associations, the American and New York Microscopical Societies, and the Torrey Botanical Club. Dr. Schoney is survived by his widow, Theodosia F. Schoney, who is also a physician.

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### Original Articles

#### Positive Medicinal Antitoxins.

BY MAX MEYER, M. D.

##### 3. *Mercury.*

"No greater benefit and no greater damage has been done by any remedy than by Mercury."—(Lewin.)

The medical world is divided, for centuries, into two parties, viz: that which condemns the use of Mercury entirely and that which recommends its wide employment. The former is wrong and the latter not in the right.

The cardinal point lies in the thorough knowledge of the said substance; the physician should know his remedies as perfectly as the mechanic must know his tools. Unfortunately, this has not been hitherto the case with the medicinal properties of Mercury, hence the two factions. Naturally, the physician who sees in Mercury only a germ-destroying remedy will not be able to understand the fact that it has specific curative power in syphilitic and rachitic conditions. Behring has proven that a concentrated solution of Mercury would be necessary in order to destroy bacteria in the human body, but this concentrated solution would kill the cells sooner than the micro-organism.

We have been told that the cause of syphilis is Schaudinn's *Spirochaeta pallida* and that Mercury is a specific for this disease. The medicinal effect of Mercury cannot be based upon anything else than a neutralization of the syphilitic toxin, i. e. upon the anti-toxic property of Mercury, which, by its great affinities, neutralize each other.



The use of Mercury in rachitic conditions has met with good results, hence rachitis must be either an enervated form of syphilis or, vice versa, it must be a more active condition of rachitis.

Scholars like Arndt, Wiegand, Kreivmann and Dunbar have shown, that the creation of the low forms of micro-organisms are due to the decomposition of the cells in the higher organism, and the development of bacteria due to a catalytic process of Algae. Boesser has taken up this subject and advances a new theory of infection. He divides infection into two parts, viz:

(1) *An autogenetic infection*.—This causes some cells to absorb toxins either into the blood or into the nerve circulation and in consequence produces either an acute or chronic disease. The cells will be transformed into bacteria, cocci or spirilli, whose metabolic products infect successively the whole body.

(2) *An exogenetic infection*.—This means that the decomposed cells (first order in animals), having become independent living substances (second order), act now as contagium upon another cell-mass of the first order.

With the exception of the first named investigators, bacteriology has only considered the second mode of infection, but it is time to study the first category also.

The chemical nature of bacteria is analogous to that of animal cells; both are invested with a fat-like membrane, which encloses "Paired Lipoids." But this analogy goes still further. We know that the red blood-cells possess a fat-like membrane, which probably is lecithin, and that the granules of the protoplasm (Altmann's granula) have again a fat-like investment (Albrecht). These granules, according to Bechamp, Henle, Wiegand and Kreidmann, can undergo transformation into independent living matter of the second order. Further, we know by the experiments of Nicolle, that the membranes of bacteria are soluble in absolute alcohol or ether, hence of fat-like nature; finally, Uhlenhuth has shown that tubercle bacilli are invested by a fat-like membrane also. If we add the fact, which Overton has proven, viz: that all vegetable cells possess a fat-like membrane, then the circle of a logical conclusion is closed and we have all stones complete together to erect the edifice of a necessary and new biological theory of infection.

The Fundament of this theory is based upon the following maxims:

(1) All cells, whether animal or vegetable, of the first or second order, are built analogous in regard to form (in both, the membrane is fat-like; the contents consist of "Paired Lipoids").

(2) Their function also is similar (both absorb and cast off the "Paired Lipoids" through their membrane).

(3) The "Paired Lipoids" of the first and second order can act either as protective or toxic substances, for the simple reason that they (the Paired Lipoids) can penetrate through the fat-like membrane of the cells without undergoing any change whatsoever.

After this excusable excursion let us resume again the therapy of Mercury. Neither large doses, which do more harm than good, nor too small doses, which do not act at all, are able to cure. There remains, then, the fact that Mercury, in proper dosage, has anti-toxic properties and that it is a specific in syphilitic conditions, hence it can be called an antitoxin. But we must not forget that Mercury weakens the heart (except in infancy—the child's remedy), and therefore we must combine it with heart-tonics in order to have desired results. One of the best heart-tonics in combination with Mercury is chinin, but still far better is basyl on account of its quick and remarkably good results. In recapitulation of the foregoing we can say that Mercury in combination with heart tonics will be a positive medicinal antitoxin, making true the old Indian proverb:

"The physician who knows the medicinal use of roots and herbs, is—a great man; he who knows the power of fire and water, is—a real demon; he who knows the power of prayers, is—a true prophet; but he who knows the employment of Mercury, is—a God."

These, then, are the three positive medicinal antitoxins, which will be valuable in the hands of the initiated, to which the biochemical remedies, of which I may speak some other time, will be an efficient supplement.

14 East 120th St., N. Y. City.

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### Medical Unionism.

An Address Delivered at the Twenty-first Annual Meeting of the  
Kings County Eclectic Medical Society.

BY PRESIDENT T. D. ADLERMAN, M. D.

Fellow officers and members of the Kings County Eclectic Medical Society: It has been my intention to address you on matters pertaining to our school of medicine, but inasmuch as these matters will be thoroughly discussed at the coming State Meeting in Albany, next month, I have decided to bring to your attention the subject of medical Unionism, a subject which ought to interest each and every one of you, as it concerns your future, and the future of your families. As you all know, the field of the physician has been shortened, cut, divided, and sub-divided, until to-day, the physician in general practice is able with the hardest kind of labor to make the munificent sum of \$500 a year,—a starvation wage, a wage by which he hardly ekes out an existence. This condition of things

medical is a disgrace to the profession, and a disgrace to the community which permits the existence of such economical conditions, owing to the various abuses of charity, and the promotion of pauperism. Lodges, ten cent societies, dispensaries, Board of Health clinics, health centers, all of which indiscriminately offer free medicine right and left to the rich and fairly well-to-do, without the slightest regard for your rights, produce evils, which assume such a magnitude, that for economical reasons, they require most serious consideration on your part, if you do not care to be driven from the practice of your chosen profession. It is remarkable that the physicians have sat quiet so long and permitted those abuses. It has been to me a question beyond my comprehension, why the doctor should suffer more than the lawyer, more than the minister, more than the druggist, more than the architect, more than the plumber, or general storekeeper. Have you ever heard, or do you know of any drug centers where druggists offer to give away their wares and drugs free of charge?

Do you know of any lawyers, or law centers, where they will attend to your legal cases at ten cents per case?

Do you know any plumber dispensaries where they will repair or give free treatment to the leaking pipes in your house?

Do you know of any grocers giving free groceries, clothes, or any other goods?

Will the society of engineers supply free engineers to work the trains for the public?

Will the teachers of public schools keep on teaching without pay? No? Then why the physician?

Gentlemen, the solution of these questions must come from within our ranks. Medical Unionism on a purely economic basis, a Union which will bind the doctor to obey its rules and regulations, as done in the trades unions, is the only salvation. Otherwise starvation stares you all in the face.

Means will have to be found to discipline members of the profession who take lodges, or contract society work. These will have to be driven from the ranks, and ostracised. If you destroy the lodge doctor, the ten cent physician, and the dispensary doctor, your income will jump up at once.

And destroyed they must be, as they are nothing but frauds and fakes. If the lodge physician undertakes to treat the family for one dollar a year, or the ten cent doctor undertakes to treat the individual for ten cents per week, they are both frauds, as neither can give the patient the time necessary to make the proper examination. One of those gentry makes his appearance, a hurried look at the tongue, a question or two, a hurried scribble on the prescription blank, and out he goes to the next unfortunate.

Such a doctor has neither the time nor the inclination to make the proper examination for the ten cents, as he has dozens and dozens of such calls to make. As a result, the people suffer, and the profession at large suffers. You can easily see the necessity of united action on the part of all physicians to eradicate these evils. It is not my intention to deny charity to the worthy poor—far from it. They will be taken care of by the Union of physicians after a thorough investigation of each and every case. Such a Union of doctors should control every hospital and dispensary in every city, and these should be open to every physician and not controlled by cliques and exploited for the benefit of a few medical politicians. A medical Union should and would regulate the appointments of all staffs in hospitals and dispensaries, and such staffs would change every two or three months, a new set of physicians, according to rotation, going on duty in all hospitals and dispensaries. A medical Union would see that proper remuneration for such services would be given to the doctors, and all of you would then have an equal chance.

A medical Union would keep the Board of Health in its proper place, by controlling the physician's working for the Board of Health. You all, of course, know what your Board of Health will amount to, if you take the doctors off. My friends, my ideas are not socialistic, nor are they utopian; if worked out properly, I sincerely believe they will solve all present medical abuses. Another important matter to which I am obliged to call your attention is the new Owen Bill, which creates a department of health. As this bill has been introduced in the Senate only, and not in the House of Representatives, it is to the Senate that we must direct our attention. The bill was read twice, and referred to the Committee on Public Health and National Quarantine. The New York member of this body is the Honorable Elihu Root, and your protest must go addressed to him. The matter is important, so please act at once. I thank you for your attention and courtesy extended to me during the last year, and can assure you of continual work on my part in the future.

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### Applications.

BY GEORGE HARE, M. D.

The Eclectic journals do not encourage medication by application as effectively as they might. I believe proper liniments applied every two, three or four hours are very effective in pneumonia cases. Antiphlogistine is good for sores and surface inflammations. In pneumonia I like Libradol. I used Libradol in the day and the cough (expectoration) was loose at evening. Repetition of appli-



cations were invariably followed by same effects or results. In acute cases I prefer liniments frequently applied.

It is right to use a drug singly to relieve or cure an abnormality, as Fyfe\* teaches. If there be two abnormalities which can be removed at same time they ought to be treated at once with the two indicated remedies. If the drugs are compatible, put them together; if not, alternate them. This calls for a knowledge of compatibility and incompatibility. Sometimes one drug will help effect of another. Thus, I believe, adjuncts are of great utility. All this requires not only study but a great deal of study. I just won't risk putting the alkaloidal aconite or Nux V. with tinct-galls, even with a shake label. Some of our older formulas ought to be revised on account of incompatibilities. After a great deal of patient watchfulness and study, I believe in putting several medicines together when indicated and compatible.

Kirkland, Texas.

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### Items From the Field of Neurology.

BY THEODORE ALDERMAN, A. B., M. D.

In most cases of Paretic Dementia the sexual life is abnormally affected. It is very often intensified and in many cases perverse. In the final stages libido and sexual power become nil.

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The cerebral changes which accompany an epileptic outbreak often induce an abnormal excitation of the sexual instinct. In the exceptional mental states of the epileptics, they are not able to resist their impulses.

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The relation between religious and sexual feeling is very important, and should be regarded on a basis of a psychopathological state. It is interesting to remember, while considering this question, that many religious maniacs manifested intense sensuality. In many maniacal women the religious and sexual delusion are so intermixed that they must be considered as one.

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What would poetry amount to without a sexual foundation? Did you ever think of this? Why is it that great poets and artists have sensual natures? It seems that the sexual factor is a great power in awakening aesthetic feelings.

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\*If Dr. Hare will carefully read Fyfe's Specific Diagnosis and Medication, he will find that he is advocating just what Dr. Fyfe teaches in regard to the use of remedies.

No general principles or rules can be laid down for the treatment of neurotic children. Every individual case must be studied carefully, and do not forget that parents often deliberately and sometimes unintentionally conceal the real cause of the particular condition.

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Some hysterias appear to concentrate upon organs, such as a joint, spine or mama. Hysterical joint disease is characterized by intense pain and contraction of surrounding muscles. But there is no shortening of the limb in the hysterical case. Pain and tenderness in the spine may be intense in hysterical cases. They may give rise to a suspicion of vertebral disease—but real vertebral disease is not acutely painful.

Pain and tenderness may involve the brain. Local examination reveals nothing to account for these symptoms—but there is no swelling and no discoloration as in real organic disease.

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A great many physicians seem to think that all you need to do in insanity cases is to administer sedatives. This is a great mistake. The administration of sedatives should be regarded rather as an adjunct to the general specified treatment, than as a leading measure.

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Mastodynia is very rare and occurs chiefly in women. It may develop during pregnancy—especially during the last few weeks. It may occur during lactation, during menstrual periods, or in the course of uterine disease. It should not be mixed with the pains of carcinoma or other tumors of the breast. The pain of mastodynia is deep, severe, intense, it occurs in paroxysms, and there are tender points along the spinous processes of the second and sixth dorsal vertebrae.

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Excessive beer drinking will produce paralysis. I have two cases of drivers of beer wagons—who drank daily from 30 to 40 glasses of beer—with the most beautiful cases of neuritis. The question that arises in my mind is—why do not all alcoholic drinks produce paralysis? It seems to be only gin, rum, absinthe, vermouth and whiskey which are prone to be particularly dangerous.

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Bárány calls attention to the uniform association of nystagmus with labarinthinal disease and claims to have discovered a caloric test of great value. When in a normal person cold or hot water is thrown by a Pulitzer syringe into the outer ear without exciting

pressure, rotary and horizontal nystagmus is produced; if the labyrinth is destroyed this will not occur. When vertigo is caused by labyrinthine disease nystagmus is always present.

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In agoraphobia of adults, in claunrophobia, hypnotism produced excellent results.

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Nervous excitement following immediately after an accident, may present many symptoms of neurasthenia, but this does not constitute a true case of hysteria. It is only when these symptoms persist for weeks and months, and are supplemented by others—that the peculiar characteristics of the disease justify us to place the case among the neurasthenics.

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Paralysis does not occur in traumatic neurasthenia, for gross lesions of the brain, spinal cord or of peripheral nerves are, as a rule, absent, and functional paralyses occur exclusively as a result of hysteria.

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Hypnotic treatment gave me fair results in some vicious and degenerate children. In nocturnal terrors, onanism and in some disturbances of the nervous system (functional) it is worth trying.

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The prognosis of any individual case of traumatic hysteria demands a psychological study of the individual.

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Aphonia can often be relieved by local measures, such as faradization of the larynx, the patient being told to make a sound with each artificial contraction of the laryngeal muscles.

910 St. John's Place, Brooklyn.

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The home instruction of the deaf mute child should consist chiefly in an effort to make the visual and tactile centers of the brain take the place of the inoperative hearing center in the reception of oral language. The deaf child, therefore, should be talked to and talked at as much as possible and on every possible occasion. He should have more attention of this kind, and not less as is usual, on account of his deafness.—Harold Hays.

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Following their conviction for selling heroin to boys in New York City three men were sentenced in the Court of Special Sessions on February 3, to serve six months each in the penitentiary, while a fourth man was sentenced to serve one year.

**Materia Medica and Therapeutics**

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to  
DR. J. W. FYFE, Saugatuck, Conn.

**The Stomach in Disease.**

In the treatment of the sick it is absolutely necessary that we first secure a condition of the stomach which will enable it to kindly receive and permit the absorption of our remedies. If the stomach does not receive a remedy kindly it is very likely to become irritated by the medicament, and in such case it is unreasonable to expect its curative action. If the stomach throws out juices that digest or decompose our remedies, of course no favorable results can follow our efforts in behalf of the patient, for in such case the stomach will prove but a retainer. We must, therefore, restore the stomach to a normal state. If there is irritation of the stomach there will be a bright red tongue, elongated and pointed, sometimes with reddened and erect papillae. The atonic stomach is made apparent by increase of mucus, sometimes with a considerable accumulation of such secretion. It is marked by the broad tongue, heavily coated at its base, bad taste in the mouth, and a feeling of weight and heaviness in the epigastrium.

**Conium Maculatum.**

The leaves and seeds of poison hemlock yield a remedial agent of decided usefulness. Preparations from the seed are much stronger than those from the leaves.

Conium is a nervous stimulant as well as a vascular stimulant. It relieves excitation of the nervous system and gives rest. It is used with much satisfaction in chorea, paralysis and tetanus. In whooping cough and asthma it is also employed with much advantage. In any wrong of life characterized by an excess of motor activity, conium may well constitute a part of the treatment, but in its employment great caution should be exercised. If administered too frequently, or in too large doses, motility is likely to be impaired through gradual paralysis of motor nerves.

The dose of specific conium (or a good fluid extract) is from 2 to 4 drops, but it may be efficiently employed as follows:  $\mathcal{R}$  Conium, gtt. v to x; water,  $\mathfrak{z}$ iv. Teaspoonful every hour.



### Strophanthus.

In an article published in the *California Eclectic Medical Journal*, Dr. O. Newton, of Long Beach, Cal., interestingly speaks of strophanthus as follows:

Strophanthus is obtained from the ripe seed, deprived of its awn, of the *Strophanthus-Hispidus* or *Strophanthus Kombre*, from which the natives make a toxic preparation known as the Kombre arrow poison. The habitat of strophanthus is tropical Africa and southern Asia.

Notwithstanding the undoubted value of this drug, it has not become popular with the medical profession of the old school, by reason of the uncertainty of many of the preparations placed before them on the market. Dose of Sp. *Strophanthus* is from  $\frac{1}{2}$  to 5 minims. *Strophanthus* should not be generally dispensed in combination with other drugs, or in aqueous or syrupy menstrums, as the agent is liable to precipitate in these solutions. It may be so dispensed if the mixture is well shaken and used within a short time.

*Strophanthus* is primarily a muscle poison of great energy, acting by direct contact. It increases the contractile power of muscular tissue, and a poisonous dose fixes the muscles in a permanent tetanic rigidity, the fibers being unable to resume their normal condition of partial flexibility. Large doses paralyze the heart in systole, and when contractility has been once destroyed thereby, no stimulus will re-excite it. As the heart receives much more blood in a given time than any other muscle in the body, it is more quickly and markedly affected by *strophanthus*, and by regulating the dosage, the cardiac muscle may be affected by a quantity which will not influence the other muscles.

Small doses of *strophanthus* act exactly like *digitalis* on the heart, stimulating the contractions, increasing the force of the ventricular systole, and lowering the cardiac rate. At the same time the general blood pressure is raised and diuresis is produced, both being due to the vis a tergo—the direct stimulation of the circulation from behind.

*Strophanthus* differs from *digitalis* in being a lesser irritant to the stomach, many cases tolerating *strophanthus* where *digitalis* causes gastric irritation. It is more rapid in its cardiac action, and more quickly eliminated, therefore not having the cumulative action as *digitalis*. It promptly relieves cardiac dyspnoea, often modifying the pulse rate in less than one hour, and the influence of a single full dose upon the circulation is said to have lasted eight days. It may well replace *digitalis* in the treatment of Bright's disease and valvular lesions of the heart, when it is important that the work of the heart should not be increased by any additional resistance in the

arterial system, strophanthus having no direct contractile influence upon the vessels.

Strophanthus is indicated in endocarditis, in reflex palpitation of neurasthenia, hysteria, chlorosis, and for rigors due to catheterization, or operations upon the genito urinary tract. In asthma the paroxysms are shortened and oftentimes prevented by the proper administration of this drug. It has been employed in fatty degeneration of the heart and atheroma of the arteries where digitalis is contraindicated; also in ascites produced by cirrhosis of the liver, and in the enfeebled heart, after acute and chronic fevers. In the treatment of exophthalmic goitre, strophanthus has accomplished marked results, and has become a permanent addition to the therapeutics of this disorder.

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#### Aconite.

This perennial plant affords a medicament of great and varied usefulness. It is classed as a sedative, diuretic, diaphoretic, antispasmodic and narcotic. In very large doses it is a dangerous drug, and when improperly used has caused death. In the opinion of the writer it should be employed only in minute doses.

Aconite is one of the most frequently indicated as well as one of the most valuable drugs in our materia medica. It is a stimulant to the sympathetic nervous system, and increases the power of the heart to circulate the blood, at the same time placing the blood-vessels nearer to a normal state for the passage of blood through them. Having learned even this much of the action of aconite, it will not be difficult for us to understand why it is indicated in a wide range of pathological states. Aconite is especially valuable in abnormal conditions which cause the pulse to become small and frequent, and in all such states lessens vascular excitement and the rapidity of the circulation, promotes secretion from the skin and reduces the temperature. It moderates the force and frequency of the heart's action, increasing the power of the heart and the tone of the blood-vessels. It also has a direct action upon the excretory organs, and its control upon the excessive action of the skin, bowels and kidneys makes it a remedy of great value in the summer diseases of children. In the treatment of cholera infantum a place is usually found for aconite, and in ordinary diarrhoea of children a combination of aconite and ipecac provides an excellent treatment. The same combination may well constitute a part of the treatment of many cases of dysentery. In croup aconite is also a remedy of decided merit. Simple and continued fevers come within the curative power of this remedial agent; and in scarlet fever, measles and parotitis indications for its exhibition are often presented. In tonsillitis aconite constitutes a very efficient internal medicament, and its cura-

tive action may be markedly increased by its local influence. This may be readily secured in the following manner: Add two drachms of the specific medicine to two ounces of vinegar and two quarts of water. Then have the patient inhale the steam produced by placing one or two hot stones in the vessel containing the combination. The steaming process should be continued about five minutes and repeated every three or four hours. In many cases of rheumatism and neuralgia the pulse is found to be small, frequent and easily compressed. Such cases clearly call for small doses of aconite, as at least a part of a rational treatment. Aconite also constitutes an important ingredient of a liniment from which much benefit is derived in nearly all cases of rheumatism and neuralgia. The liniment may be made by adding four drachms of specific aconite and one ounce of chloroform to three and a half ounces of soap liniment. This application may be applied with the hand three or four times a day. Several years ago on being called to see a child six years of age, I found the patient in a semi-comatose condition. Its pulse was small and frequent, the eyes were but partially closed and the pupils were considerably dilated. Three drops of specific aconite and five drops of specific belladonna were added to four ounces of water, and the mother directed to give the child a teaspoonful of the mixture every half hour until four doses had been taken, and then repeat the dose every hour. One drachm of aconite was also added to four ounces of water as an application with which to bathe the front of the head every hour. On the following morning I found the child sitting in its bed playing with toys, and no further treatment was needed.

The action of aconite in inflammatory conditions is just as energetic and beneficial as in fevers, and when specifically indicated it may be relied upon to exercise a curative influence. In all abnormal conditions in which there is asthenia, characterized by the small and frequent pulse, atonic condition of the heart and blood-vessels, with an increase in temperature, aconite acts speedily and curatively. Indeed, here it is the most efficient drug in our *materia medica*.

It is a fact that in employing the single remedy we are able to better and more fully ascertain the power and direct influence of a drug, but there are times when it is necessary to exhibit our remedies in simple combinations. In many of such cases belladonna, *phytolacca* or *ipsecac* will be found to act well with aconite. In pneumonia aconite and *ipsecac* combined, and alternated with *bryonia*, have often been the means of securing a speedy recovery.

It may be stated as a rule which will seldom need to be changed that whenever a patient has a small and frequent pulse, with increased temperature, small and frequent doses of aconite should be administered, whatever else may be needed.

The dose of specific aconite is from one-twentieth to one-half of a drop. The latter dose will produce, in some persons, toxic symptoms. The better way to employ this drug is as follows:  $\mathcal{R}$  Aconite, grt. iii to x; water,  $\mathfrak{z}$ iv. Teaspoonful every hour.—Dr. J. W. Fyfe, in *Eclectic Medical Journal*.

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#### Olive Oil in Babies' Colic.

In writing to the *Homeopathic Recorder*, Dr. Orville W. Lane, of Great Barrington, Mass., reports his use of olive oil in the treatment of colic, and in part says:

"I am always glad to tell of anything that serves me well and have told many doctors of the use of the oil in colic.

"This is my method: For babies under three months of age I give a liberal half-teaspoonful, putting the oil in an ounce bottle, add a little sugar and fill the bottle half full with water, as warm as the baby can take it; keep it well shaken and feed it through a rubber nipple. When they are over three months I increase the dose to a good teaspoonful and fill the bottle with hot water. When given in orange juice I feed from a spoon. Often I have increased gradually from one-half to a full teaspoon, so that by the time the baby had reached three months the dose would be a teaspoonful.

"For large, vigorous babies, when the colic persists, I increase the dose. When the babies are old enough to take orange juice I give the oil in that after beating it thoroughly. Most babies like it. I don't always wait for them to have colic, but give it because I think it is good for the 'kiddies.'"

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No deaf child should be removed from home because of deafness. The mentally defective child, whether deaf or not, must be placed under permanent care, for his own sake and the sake of the community, but deaf children who are not mentally defective should reside in their own homes and associate with hearing people as much as possible.—Harold Hays.

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Feeding babies is synonymous with uncertainty, except when normal milk of the mother is available. There has been too much "scientific," impracticable theorizing and too little common sense individualizing.—Weirick, in *The Clinique*, December, 1913.

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Sandalwood is probably the ideal urinary antiseptic when there is gonorrhea; it has a specific inhibitant action on the cocci.



## Society Meetings

### SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Indianapolis, Ind., June 16-19, 1914. W. S. Glenn, M.D., State College, Penn., president; W. P. Best, M.D., Indianapolis, secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month. D. Alperin, M.D., president; A. S. Gombar, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month. John Birkenhauer, M.D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton street, Brooklyn. Theodore Adlerman, M.D., president; A. B. Wolf, M.D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes street, Brooklyn. A. B. Wolf, M.D., secretary.

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### Eclectic Medical Society of the City and County of New York.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held at Van Glank's Hotel, Feb. 19, 1914, Dr. Alperin in the chair. The following members were present: Drs. Sillo, Harris, Bloomer, Herr, Pearlstein, Sturm, T. D. Adlerman, MacDermott, Gombar and Steinberg.

The minutes of the previous meeting were read, and upon slight correction were approved.

Dr. Sturm read a paper, "Results Obtained from Turtle Tubercular Vaccine in the Treatment of Tuberculosis," and report of cases. The Doctor most thoroughly described the method of manufacturing the vaccine, its mode of administration, both by the intravenous and intramuscular methods, its dosage, and the immunization of individuals exposed or subject to this disease. He then cited the histories of 18 cases, which had been treated by him, all with good results. The paper was discussed by Drs. Pearlstein, Sillo, Herr and Harris.

Upon motion, a unanimous vote of thanks was extended to Dr. Sturm for his interesting and instructive paper.

Dr. Sillo then made a motion that a committee of five (5) be appointed to meet and co-operate in these cases with Dr. Sturm, and to investigate the reports of cases, and watch their progress, and that the committee be instructed to report upon this matter before the State Society. Carried. Drs. Sillo, Harris, Adlerman, Pearlstein and Thompson appointed.

Dr. Sturm then volunteered to treat one case of each member of the Society, gratis, so that each member may be able to see the method of treating, and the progress of his patient. This was accepted with thanks from the Society.



Dr. Adlerman reported a case of a young man, 22 years of age, family history good, father died at age of 80, mother living. The patient had no bad habits, but was always of a bashful and retiring disposition, shunning the society of young folks. He was finally persuaded to join a number of secret societies, but owing to the numerous initiations through which he had to go, his mind became unbalanced. He imagined that he was a high potentate, and conferred titles and honors upon everybody whom he met. Dr. Adlerman diagnosed this case as a "Temporary Dementia." Prognosis, good.

The name of Dr. R. E. Brandman, No. 547 W. 142d St., New York City, was proposed for membership of the Society, and put into the hands of the Board of Censors for investigation.

Dr. Alperin then appointed Drs. Harris and MacDermott to serve as additional members of the Board of Censors, according to the new constitution and by-laws.

A motion was made and seconded that all delinquent members who are in arrears for two years be notified by registered mail that unless they pay their dues by the next meeting, their names be dropped without further notice. Carried.

The financial secretary offered a bill of \$5.00 for stationery, and \$3.70 for postage. These were ordered paid, by unanimous vote.

A motion was made and seconded that a copy of the new constitution be mailed to all members, in sealed envelopes. Carried.

A motion was also made and seconded that the usual set of resolutions be sent to the family of Dr. Holmberg of Peekskill, expressing the sorrow and regret at the loss of our fellow member. Carried.

The Society then adjourned.

A. S. Gombar, Secretary.

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The Bureau of Municipal Research of New York has recently issued a criticism of the methods of the City Department of Health in handling cases of typhoid fever and in making investigations of milk. It is charged that the epidemic on the east side of the city last fall could have been prevented had the lessons of the epidemic of 1911 been properly applied. The bureau submitted detailed reports of its findings and recommendations to Dr. Goldwater on his assumption of the duties of Health Commissioner on February 1.

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In order to do without the use of catheter, put fluid extract *rhus aromatica*, 20 drops, in half a glass of water; an adult, take a teaspoonful every 3 hours; or take *uva ursi* in the same way.

**Selections****The Arteries.**

FROM A STUDENT'S DIARY.

The coronaries, like a tender word,  
Their way to the heart do find;  
The sub-clavian, right, like a link of chain,  
The axillary and the innominate bind.

The brachial, like a branching limb,  
The arm supplieth in man;  
And divides into the radial and ulna below,  
To supply the wrist and hand.

The carotids, like a glass of beer,  
Ascendeth to the brain and face;  
The sub-clavian, left, from the aorta comes,  
And ends at the axillary space.

The axillary begins at the border of a rib,  
And, I think, at the border of the first,  
At a notch in the edge which I guess is the place  
Where old Mother Eve had her birth.

The axillary ends at a point on the arm,  
At the insertion of a muscle of the back,  
Which perhaps you all know, if you don't, you may guess,  
While I am getting back on the track.

I think I left off at the sub-clavian, left,  
Which branches direct from the aorta;  
The next, we then have, is the aorta of chest,  
Which extends from third to last dorsal.

Here, the name changes with the region it invades  
And the girls say My! it is abominable;  
Prof. Bevan says with the girls, "That will do,"  
But to him you had best say "abdominal."

The abdominal ends at the fourth lumbar bone,  
And the point where the illiacs begin,  
And extends on below to the illeum's crest,  
And divides into the ex. and the in.

The internal supplies that region behind,  
Whose caliber methinks must be small;  
From the pats it received in youth's mischievous time.  
From the shingle's unmerciful fall.

The external extends from the illeum's crest  
To Poupart's ligament below,  
And passes through the region of man's ancient abode,  
Ere his entrance to this world of woe.

Under Poupart's ligament the femoral begins,  
The region just under the waist;  
And sends off its branches to the structures beneath,  
And ends at the popliteal space.

The popliteal begins at Hunter's canal,  
And descends to just under the knee.  
Its branches are many and their names are funny,  
If you are a student I'm sure you'll agree.

The tibial begins where the popliteal ends,  
Is what I've been taught at the college;  
And now I feel much better than when I began,  
Because I'm not so weighed down with knowledge.

—*Exchange.*

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#### Radium Therapy and the Modified X-Ray in Cancer.

Great interest in the treatment of cancer by the use of radium has been aroused in this country, primarily through the clinical experiences of Drs. Robert Abbe, of St. Luke's Hospital, New York, and Howard A. Kelly, of Johns Hopkins Hospital, Baltimore. The press has been filled with articles showing the progress made in radium therapy, as well as the efforts of philanthropists to conserve the visible supply of the mineral for the use of the people. Fortunately the Government, acting through its Bureau of Mines, has taken a hand in the matter, and from present indications the control of the radium industry will be in the hands of Government officials. Dr. Howard A. Kelly, professor of gynecology in Johns Hopkins Medical-School, has been very active in investigating the therapeutic effects of radium in the treatment of cancer.

In an interview with a correspondent of *The Medical Times* early in January, Dr. Kelly said:

"Our idea is to obtain the utmost general publicity on the premonitory signs of cancer. We particularly seek to inform women

of the early symptoms of those particular forms of which they are the victims. We did this because our statistics (especially those prepared by our surgical pathologist, Bloodgood) show that, if discovered in the early days, an enormous percentage of permanent recoveries can be secured by operation.

"In fact, medical science has taught for years, and still teaches, that there is but one way to treat cancer, in its advanced stages, and that is by the knife. This treatment, as a matter of practice, still holds perfectly good. Radium is a precious handmaid to surgery; it does not supersede it. Even if radium would cure all cases readily—and this remains to be demonstrated—we could not yet realize the new remedy on the large scale, owing to the extreme scarcity of the element.

"This situation is aggravated by the fact that Dr. Burnam and I believe that it is only radium in comparatively large quantities that accomplishes the most satisfactory results. Radium gives off rays of three kinds, named alpha, beta, and gamma. Domenci and Wickham taught us that it is the gamma rays of radium which have a remarkably disintegrating effect upon tumor tissue.

"These rays affect all kinds of tissue, both that which is normal and that which is diseased. In large quantities the gamma rays make healthy skin turn red and blister. Those who handle it usually bear evidences of the fact in sore fingers. Under careful use there is no such thing as a radium burn in any way comparable to an x-ray burn, of which there is such a universal dread.

"These rays, however, affect non-cancerous and cancerous tissue very differently. In small quantities the gamma rays of radium penetrate good, healthy, normal tissue without producing any noticeable effect. The same rays, however, and in the same amounts, do exercise a beneficial effect upon diseased tissue, such as that affected by cancer. Brought to bear upon a particular area, part of which consists of normal cells and a part of tumor cells, the effect is soon apparent. The normal cells remain practically unchanged. The tumor cells show fundamental alterations. They swell, lose their characteristic appearance, and break down.

"Now, the radium treatment accomplishes about the same thing as the surgeon's knife. The knife gets rid of the cancerous tissue by cutting it out en masse; the radium gets rid of it by destroying it cell by cell. In other words, at the present stage of development, radium acts most successfully on the kind of tumors that surgery most easily destroys. These are superficial tumors—of the skin, face, jaw, tongue, and the like. They are the tumors which are on the outside of the body, which we can see and handle. In many such cases, radium, according to our experience, seems to be an actual cure. We have had success extending over many months in a considerable number of cases.

"At first it might seem, since surgery is already quite effective in cancers of this kind, that we have gained nothing. But it is an immense gain. The surgical removal of tumors of the face, for example, involves disfigurement. If one has a cancer on the nose, the only thing to do is to cut off the nose; other affections also involve the removal of an eye, the jaw, the tongue, a lip or the chin. When radium destroys such tumors—as it does in many cases—the face is restored virtually to its normal condition. When the growth has widely infiltrated surrounding structures, the surgeon is often helpless. After removing the primary growth, however, he can irradiate these tissues and so have a greater chance of removing any stray cells that may be left. Radium, I believe, can thus be used to make doubly sure all ordinary operations for cancer. Another important point in considering the usefulness of radium in superficial tumors is that it does not involve the suffering of a surgical operation, being practically painless.

"Perhaps radium's greatest triumph is in treating a particularly distressing and difficult form of cancer—that of the uterus. This and cancer of the breast are the commoner forms in which cancer chiefly attacks women, just as men suffer more from cancer of the stomach. Early operation with the knife cures this in a good many cases, but the operation is a radical one, and is not free from danger. Radium is extremely valuable in cases of this kind.

"There are other skin affections, not cancerous in their nature, in which radium is a blessing. These are the vascular tumors, birth marks, 'port-wine' stains. Dr. L. Wickham, of the St. Louis Hospital, Paris, has had many remarkable successes, having treated more than a thousand cases in the last seven years. It looks as though, for disfigurements of this kind where surgery is often powerless, radium may be practically a specific. It does not produce inflammation or pain, an important consideration, especially as children are often patients.

"Scars, too, are often entirely removed, leaving the face practically normal. The emanation of radium—a gas given off by radium—is used dissolved in water or alcohol, for internal administration, and is being tested out in cases of gout, rheumatism, arterio-sclerosis, and the neuralgias, as well as in certain blood diseases and anemias. Radium does not necessitate the use of an anesthetic, and its administration causes no pain and almost no discomfort. The radium salt is kept inclosed in a fine platinum tube about an inch long. This tube is again encased with lead, which is used because it acts like a filter, keeping in the alpha and beta rays—which are more destructive to normal tissue—while letting the gamma rays slip through.

"The tube, further covered with some soft substance, is then



laid in immediate proximity to the diseased part; if necessary, it can be attached by surgical plaster; in some cases incisions into the diseased part may be made; its action upon the cancerous tissues begins at once; the application lasts from 4 to 6 to 24 hours. Sometimes in a month or six weeks the growth vanishes. The radium so used can be used over and over again.

"Most readers are now familiar with the much-heralded 'miracle of radium,' the mysterious substance that apparently defies all the known laws of the material universe, in that it keeps giving off matter without diminishing its own bulk. Every little particle of radium has been giving off its rays for thousands of years, and will continue to be active for two thousand years longer, when it will have just half its present weight, but will be just as able to throw out its rays as it is now, only in lessened amount, so that the small amount of radium now in use may be inherited by generation after generation of enterprising surgeons.

"However, what about the practical question: Supposing radium does cure cancer, how widespread will be its use?

"The newspapers have familiarized the public with the fact that there are extremely small amounts in existence. With a grain of radium one can do much, but the sufferers from cancer are fearfully numerous; half as many people in New York State die from this disease as from tuberculosis. Manifestly, even though radium were an absolute cure for all cases, the mortality rates would change very little, as so few people could gain access to it.

"Is this treatment, then, to remain a luxury for the few, presumably the rich? We hear much of a 'radium trust,' of a few people getting all of the precious element into their own hands. The value of all the radium which has been taken from the earth is from \$2,000,000 to \$3,000,000, so that one of our New York or Chicago millionaires might easily buy it all.

"The larger amount of this precious substance now in European laboratories and hospitals has come from the United States. The small quantities now held by American scientists they have been obliged to buy back at high prices from Europe. At present there is only one firm engaged in this country in extracting and refining radium, and this firm has not yet entered the radium market.

"Austria, France, Germany and England have established radium institutes, the purpose of which is to study the effects of the mineral, and to conserve the supply. A national Radium Institute has been formed in our country, and it is expected that, as a result of its efforts, the United States will show more interest in developing its radium resources.

"It is also the purpose of the Institute to acquire radium to test out all its possibilities in relieving disease, especially cancer.

"In the new radium science America should take the lead from now on, not only because it has especially competent experimenters, but because it has the one indispensable thing that other nations do not possess—a comparatively large supply of radium in its own mines."—*Medical Times*.

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### Lupus Erythematosus and Its Diagnosis.

The word "lupus" is derived from the Latin, meaning "a wolf," and "erythematosus" from the Greek, meaning "to make red." As its name implies, the lesion in this disease is bright red in color, and has a marked tendency to spread. It occurs chiefly about the face, and the arrangement of the patches is symmetrical.

Lupus erythematosus is usually seen in women of middle age. Poor circulation, and superficial inflammation, such as occurs in scarlet fever and erysipelas, are causes which especially predispose. Is the tubercle bacillus the cause of this disease? The organism has not been cultivated from the lesion, and attempts at inoculation of animals have failed, but if the history of each case is carefully taken, the tubercle bacillus is found to play an important part in the etiology. A patient now under treatment gave a family history which was absolutely negative, and she herself had no signs of tuberculosis in any form. This looked like a case in which the tubercle bacillus could not be associated, but on close questioning the patient stated that for several weeks prior to the appearance of lupus erythematosus she had been a constant visitor and attendant at the bedside of a friend, who was dying of pulmonary tuberculosis. In many cases, the patient with this variety of lupus is also suffering from tuberculosis in one of its many forms. The balance of evidence, it seems to me, points to lupus erythematosus as being, first of all, an inflammation of the skin, usually predisposed to by a febrile blood current, followed by the invasion of the tubercle bacillus in small numbers with a tendency to multiply very slowly.

This disease begins with the appearance of a small red patch on the bridge of the nose, or on the cheeks, in the region of the sebaceous glands and hair follicles. More red areas appear, and extend peripherally, finally uniting to form one large patch which desquimates slightly. The appearance is that of a marked erythema, and is very persistent. It is usually many months or even years before the area involved is very large. This is an important point to bear in mind in making the diagnosis. Sometimes the lesion appears in the scalp and in that event causes a permanent alopecia. A portion of the patch may heal spontaneously, but always results in atrophic scarring. This is another diagnostic point to remember.

The characteristic features, therefore, in lupus erythematosus are:

- (a) Its slow course.
- (b) The absence of ulceration.
- (c) Its appearance in women of middle age.
- (d) The red superficial patch with sharply defined nodules.
- (e) The absence of papules and nodules.

This quickly distinguishes it from psoriasis, eczema, acne rosacea and lupus vulgaris, for which it is sometimes mistaken. Lupus vulgaris is usually seen in a child, and develops into nodules of apple-jelly appearance, followed by ulceration. Tubercle bacilli are present, and can be demonstrated.—*Dr. C. G. Pabst, in Medical Times.*

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### Contraction Ring Dystocia.

Paul Harper, of Albany, describes the characteristics of the contraction ring as follows: It completely surrounds as a circle the interior of the uterine cavity, or stands out as a transverse or oblique crescentic ledge along one or more of the walls as more or less of the circular fibres are involved; it is located between the active upper and passive lower segments; its location along the child's body varies with the part of the latter in relation with the ring at the time of the latter's appearance; when once set up, its position, both as far as the uterus and the child are concerned, remains fixed. It is usually found encircling the child's neck; rarely it will form in advance of the presenting part. It is a clinical entity causing obstructed labor which is probably not oftener recognized because of failure to make routine search for it. It is not to be confused with the tonic contraction of the structure occurring in tetanus uteri. This tonic and isolated contraction of Bandi's ring Harper believes to be a frequent cause of dystocia. The only positive physical signs are those obtained as a result of careful vaginal and lower uterine segment exploration. It is to be suspected in cases of second stage delay where all other causes of dystocia have been eliminated or where those that may persist cannot of themselves explain the obstruction. Search for the ring should then be made at once. Successful management depends upon early recognition and the early application of conservative methods of operative delivery. The dangers to the child are asphyxia and shock. Those to the mother are the ones common to all operative obstetrical procedures. The ring must be dilated digitally under obstetric or surgical anesthesia, according to the degree of resistance.—*New York State Journal of Medicine.*

### The Margin of Error in Medicine.

There is, of course, a considerable margin of liability to error in all medical diagnosis. That medicine is infallible has never been alleged since the days of alchemists and astrologers. Since that time, however, its margin of error has been growing steadily smaller. That it is not yet an exact science is nothing to its discredit, for it is yearly still approaching new goals of accuracy. Ultimately, perhaps, the margin of error may become reduced to a minimum, but it is likely always to exist so long as medicine, though a science, is practised by and concerned with mutable human beings. Cabot studied 1,402 autopsy records at the Massachusetts General Hospital. In this series he found the clinical diagnosis correct in 844 cases and erroneous in 558. Errors in cardiac diagnosis were most frequent. Of the 558 errors, 387 were in cases in which cardiac disease was correctly diagnosticated, but the exact lesion was missed. Babson, an analyst and statistician, studied 2,500 cases on the bases of clinical diagnosis, the statement on the death certificate, and the post-mortem findings. In diabetes he finds that 55 per cent. were correctly diagnosticated during the life of the patient, and 95 per cent. on the death certificate; in typhoid fever, 30 per cent. and 90 per cent., respectively; in pneumonia, 30 per cent. and 74 per cent.; in cancer, 35 per cent. and 70 per cent.; in tuberculosis, 25 per cent. and 50 per cent., and in heart disease, 20 per cent. and 40 per cent. It is interesting to note that in both Dr. Cabot's and Mr. Babson's series diabetes was apparently the most accurately and heart disease the least accurately diagnosticated.—*Boston Medical and Surgical Journal*.

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### The Diseases of Successful Men.

The alleged high tension of modern life has been the stock-in-trade of all those who are attempting to explain the assumed increase of certain diseases which were formerly unrecognized; but it is high time to inquire whether there really is any increase of tension. In a nation of a hundred millions it is quite natural that quite a number of prominent men should die in their prime, but the percentage is probably less than in past centuries, and infinitely less than when every man died in his prime. Men who work themselves to death are probably very few indeed, and, while we must continue to call attention to the dangers of overstrenuousness, we should avoid those exaggerations which are becoming so numerous in the press, both lay and medical. Men rust out more often than they wear out, and we would be in better business to find the exact causes of death of prominent men and whether the struggle for prominence was one of them. We need not worry over the struggle for mere existence, for that is necessarily wholesome. As a matter of fact, the vagabond who will not or cannot work has the severest



struggle of all. Heavy muscular labor, on the other hand, is equally lethal, and clergymen, who are relieved of it, are the longest lived. Successful men of affairs are also almost always relieved of such strains, though they often die of the results of early labors, and perhaps at the same rate as porters, farmers, and mechanics. Their nerve strains seem to be of minor effect, as they are the very ones constitutionally fit for them. The exact causes of death then must be found out, lest we make a fatal mistake of easing up labors which are in fact beneficial. Let our crusade be directed against muscular overexertion whose harm has been amply proved. Hard brain workers must learn how to relax, and then their labors will do no harm.—*Interstate Medical Journal*.

### Book Reviews

SPECIFIC DIAGNOSIS AND SPECIFIC MEDICATION, by *John William Fyfe, M.D.* Formerly Professor of Specific Medication in the Eclectic Medical College of the City of New York; author of "Modern Materia and Therapeutics." A Thorough Work on Specific Medication, embodying "Specific Diagnosis" and "Specific Medication," by the late John M. Scudder, M.D. Second Edition. Cincinnati: 630 West 6th Street. John K. Scudder, Publisher. Price, cloth, \$5.00; law sheep, \$6.00.

We note that the second edition of this popular work has been given a new title, and one more fully representing its contents. The book *embodies, in his own words*, every essential line of the late Professor Scudder's two works on specific diagnosis and specific medication. This fact was not clearly stated in the first edition. In his two small books, Dr. Scudder, in a unique and thorough manner, covered the entire field of the specific medication of his time, but the world has moved rapidly during the past half century, and with it the opening of new fields for this valuable system of therapeutics has kept up an equal pace, so that to-day it is necessary to employ the most concise language in order to present a thorough knowledge of specific medication in one large volume of nearly one thousand pages. This Dr. Fyfe has accomplished in a scholarly and interesting manner. Prof. Fyfe is one of the most prolific of our modern Eclectic authors, and his style is clear and convincing. In this book he is at his best. The work is divided into two parts. Part I. is devoted to the Principles of Specific Diagnosis. Part II. to Drugs and Specific Indications. Eclectics and Homeopaths will appreciate its worth, and Old School physicians would have more faith in therapeutics if they will study this book.

B.



SOME SEXUAL DISORDERS IN THE MALE: "Impotency and Involuntary Seminal Emissions." By *Albert E. Mowry, M. D.* Instructor Genito-Urinary Surgery, Northwestern University Medical School; Attending Genito-Urinary Surgeon to Provident Hospital, Chicago.

This is a valuable production written by a man of great experience in treating diseases of the reproductive organs. If it could be placed in the hands of all doctors who are in the habit of frightening young men and boys with their silly "lost manhood" talk, as well as in the hands of the "new woman" who prattles about sex education for babies, no doubt much good would be accomplished. A few excerpts from Dr. Mowry's paper will serve as food for thought:

"Problems relating to the sexes have to a very great extent been cast to the four winds to be gathered by so-called 'world-renowned specialists,' who, when simmered down, as a rule, show no special learning in any direction, excepting that of fleecing the unfortunate of his hard-earned savings in lump sums, giving him, as a rule, nothing in return but buncombe and a bad taste of the profession at large."

"A boy goes to bed and as he becomes quiet a sensual thought enters his mind and ordinarily in a few minutes he feels a peculiar sensation in his penis. This may not be a sensual thought, but simply a thought that he must not think a sensual thought, but this thought brings the same result, viz: peculiar damp feeling at the end of the penis. The end results of these thoughts on going to sleep are too often the cause of seminal emissions during the night or early in the morning."

"One badly mistaken idea is that a certificate signed by a medical man in the hands of a prostitute means absolute safety. How many boys have presented themselves to me with acute gonorrhea telling me that it surely wasn't the 'clap,' as the doctor had just examined the girl and issued a certificate. Some clergymen send men and women to physicians for examination previous to marriage in order to be sure they have no gonorrhea or to be sure an old case is completely cured."

"At the present time no physician can be absolutely sure a man or a woman has been cured completely, for there are thousands of buried follicles about the cervix uteri and urethra and even the vagina may contain live gonococci that cannot be detected by any present method of diagnosis, and the same is true of the thousands of deep-buried follicles surrounding the deep and anterior urethra in the male.

"I do not want to be understood as belittling efforts of the clergymen in demanding health certificates, for I believe it a great step forward, but physicians should make their examinations as

exhaustive as possible and should not be satisfied with a look at the penis, urine, or a glance at the vagina.

"One present-day condition that is deplorable and wrong is the manner in which the average mother dresses her young daughter to look like a chorus girl or a doll. These tight skirts, showy slippers or shoes and fancy silk hosiery simply fan flames of licentiousness, and there are hundreds of girls in this town who would be virtuous, who are unfortunately otherwise, if fond mothers had dressed them sensibly. These modes of dress cannot fail to cause passion, gratified or ungratified, in boys who associate with them. I cannot change fashions, but when we are advising boys tell them to pull the lever tight when about these make-ups." F.

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### Items

Doctor, is your paper ready for the State meeting to be held at Albany, March 25 and 26? This will prove a very important meeting, and it is hoped that you will arrange to be present. Your aid and advice will be needed.

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Dr. G. E. Holmberg, a well-known and successful physician of Peekskill, N. Y., died at his home, February 17, 1914. Dr. Holmberg graduated at the Eclectic Medical College of New York City with the class of 1906, and soon after began the practice of medicine, in which he was very successful. Dr. Holmberg's numerous friends are much grieved by his death, and they are very anxious to have an up-to-date Eclectic settle among them in order that their late friend's practice may be continued.

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I wish to call special attention to Dr. Adlerman's address published in this issue of the REVIEW. It is sound, and the doctor points out the way to correct many evils. Read it carefully, doctor, and then put your think tank vigorously at work.

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Dr. James Bernstein has been appointed attending neurologist at the Brooklyn Hospital dispensary. An excellent appointment.

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Dr. Luepke, 239 West 135th Street, New York, on account of retiring from practice, wishes to sell his entire up-to-date outfit. Young physicians will find it to their advantage to call on the doctor.

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## Hints and Winnowings.

**Convictions**, formed after mature consideration, should at all times and in all proper places be openly and honestly advocated. This especially applies to the physician who entertains intelligent opinions in regard to the treatment of the wrongs of life and believes in his own school of medicine. This does not mean, however, as some doctors seem to think, that one must be everlastingly denouncing his competitors and offensively praising his own system of therapeutics. It means that he should, on all suitable occasions, be ever ready to openly state the principles upon which his convictions are based, and the reasons for his believing his own school of medicine to be superior to other systems of practice. In referring to this subject the *Medical News* well remarks:

"While the editor of the *Medical News* is an exponent of the old school, he is devoting its pages to furthering the best interests of every school of medicine. In this day and generation to do otherwise would be to stultify the name of medicine. Both our homœopathic and eclectic brethren should have the strength of their convictions in regard to the application of remedies. They should hasten to explain their position whenever a fair hearing can be secured; for while there is less prejudice and bigotry than formerly, there is still present a vast amount of ignorance. The late William Colby Cooper was never afraid to express his opinions, and he won the respect of his confrères of whatever school. We are all aiming to secure the greatest good for our patients; and if we differ a trifle among ourselves as to the best method to be pursued, the sum total of human happiness isn't diminished to any appreciable extent. Hence, let every physician stand by his convictions, and yet have an open mind. That should be the slogan of the cultivated man regardless of school affiliations."

**Marriages**, in largely increased numbers, soon followed the distribution of the surplus profits of the Ford automobile works among its employes, thus making it evident that the decreased marriage rate, and probably the decreased birth-rate, are somewhat connected with the average low wage of the working classes. In referring to this happy result of Mr. Ford's laudable action the *Chicago Evening Post* points out some valuable food for thought. In part the *Post* says:

"The incident seems to furnish fairly good evidence that low wages militate against home-making. It is reasonable to assume that the couples who have now found lawful union under the inspiration of the five-dollar-a-day minimum would—many of them—have been wedded long since had sufficient provision been in sight for the wants of two and their multiple possibilities.

"And if low wages militates against the making of homes it as certainly encourages moral irregularities, whether the underpayment be that of women or of men.

"Not improbably a fair proportion of the young women who have been married to Ford employes were themselves employed in his factory or some other concern. They will now retire to the home sphere and leave vacancies to be filled by others. This is another social result of the higher wage. If it were generally adopted, even on a lower minimum, it would be followed by an exodus from industry on the part of the women, a necessary drafting of men to take their places and an ending of the unemployment problem for a time, at least.

"Without undue sentimentality Mr. Ford can survey with considerable satisfaction the seventy-five new homes that have sprung into being as a result of his experiment in social justice."

An **Eclectic** located in a Western State was invited to join the old school County Society. On thinking the matter over he decided that being known as a member of the "regular" society would help business some, and soon after joined it. He was well received by the other members and congratulated on his wise course in becoming a "*regular physician*." All went well and smoothly for several months, when the president of the society said to him: "I suppose you have withdrawn from the 'sectarian' society to which you belonged before you sensibly decided to join the 'regulars.'" The duped Eclectic replied that he did not understand that such action was necessary. "Well," said the president, "it is." The man who was trying to sail under two flags knew not what to do—he was between the devil and the deep sea. His manhood finally asserted itself, and he refused to withdraw from the State Eclectic Society. He was expelled from the old school society and its members lost no time in making the fact known to



the people of his town, but the real reason for his expulsion was not mentioned. Dr. Eclectic is now, no doubt, a wiser, if not a better man.

In chest diseases in children, it is well to remember, the abdomen should be daily watched, so as to be able to anticipate undue distention. Great care in regard to food and, so far as possible, prevention of swallowing sputum, anticipatory of fermentation and tympanitic distention, is always obligatory. Lessened frequency and increased depth of respirations are the first indications of improvement. Râles and breath sounds return, arteries become fuller, while the veins become less full. When the cough is distressing the compound powder of lobelia should be applied over the larynx and sternum.

"Clean-up Time" is the caption given an article published in the *Monthly Bulletin of the Connecticut State Board of Health*, in which Secretary Townsend points out important facts of timely interest. In part, the doctor says:

"The season has arrived for health boards and civic bodies to organize their clean-up days. The filthy accumulations of the Winter must now go. These are not only unsightly, but breed flies and other insects which are carriers of disease. The myriads of flies seen in the Summer time all come from a few which have survived the Winter in cellars or other protected places. The female may lay 150 eggs at a time, these develop into adult flies in about ten days and pass through seven to ten generations annually, so that the progeny of an over-wintering female may amount to several billion in a single season. Although preferring horse manure they will breed in any decaying organic matter.

"If flies find nothing to feed on and no convenient breeding place, they will go to your more careless or filthy neighbor. Mosquitoes, like flies, come from the few that have survived the Winter. They breed with the same rapidity in any quiet pool of water. The rain water in an old tomato can or broken piece of crockery on the rubbish heap will serve as a convenient breeding place and produce enough mosquitoes to infest a neighborhood. These facts show that the destruction, now, of a single fly or mosquito may mean millions less during the Summer."

If physicians would persistently call the attention of their patrons to the foregoing facts much good might be accomplished.

**The Sound** is often an instrument of great usefulness, but truth prompts the assertion that it has frequently been productive of more harm than good. On reading the remarks of Dr. Frank Wieland, which follow, I was reminded of a case which occurred in my practice a few years ago. The patient was a young man fond of visiting the abodes of prostitutes, and who, in due time, had acquired

a vigorous stricture of great resisting power. The young man, after being unsuccessfully treated by several physicians, finally came under my care. The case proved a stubborn one, and a part of my treatment consisted of passing sounds of different sizes. Everything seemed to be progressing well with an apparent prospect of overcoming the stricture. But alas! One evening while a sound was being passed my patient was taken with one of the worst chills I ever saw and within a few minutes completely collapsed. I worked over him for more than an hour before it was safe for him to leave my office. It is perhaps needless to say that the young man at once ceased to feel an overpowering confidence in my methods of treatment. In part Dr. Wieland says:

"The genito-urinary system is the most sensitive in the human body. The most trivial causes may have the most tragic results. There seems to be most intimate sympathy between the urethra even and the kidneys, and the fellow-feeling of the different organs of this system for other organs makes the solidarity of the human family seem like a Kentucky feud in comparison. \* \* \* I never now pass a sound without a short prayer and an attitude of deep spirituality. My reason is this:

"The patient in question had been ill for some weeks with a mild typhoid. He had recovered sufficiently to allow his going to recuperate, in a distant city, at the home of his fiancée. The morning of his departure he called at the office to have his 'strictures dilated,' a most unusual preparation, in my mind, for a dulcineal visit. The dilators were passed, and he, with a sense of duty well done, left my office humming the Spring Song. A few days later I heard that he had been taken with convulsions on the train, was in deep uræmic coma when his destination was reached, and never recovered consciousness. Surely the sounds had over-irritated a pair of kidneys that had been taxed to their utmost during the month's illness. Only a few weeks ago, following a cystotomy for removal of bladder stone, it seemed wise to irrigate the bladder, to promote better drainage. The suprapubic wound had closed, there was no temperature, and everything seemed favorable for recovery. The bladder irrigation was followed by urinary suppression, and the patient died in coma. I have found that there is less apparent shock if the urethra is anæsthetized with a mild cocaine solution a moment or two before passing the sounds."

**An Osteopath** who was formerly a practicing physician says that he would not allow an osteopath who has no medical training to practice in his family for fear of the bad after-effects. This statement makes it apparent that the osteopathic fad has not materially impaired the doctor's common sense.

FYFE.

### State Meeting.

The Eclectic Medical Society of the State of New York held its regular meeting in Albany on the 25th and 26th of March. The attendance was good and the feeling displayed was one of enthusiasm and harmony. Some excellent papers were read and received appreciative attention. The May issue of the REVIEW will contain, so far as possible, the entire proceedings of this eventful meeting. The officers elected are as follows: President, Dr. R. A. Toms, of Kenmore, N. Y.; First Vice-President, Dr. G. R. Thompson, of Luzerne, N. Y.; Second Vice-President, Dr. D. Alperin, of New York, N. Y.; Third Vice-President, Dr. J. H. Terpenning, of Fulton, N. Y.; Secretary and State Organizer, Dr. T. D. Adlerman, of Brooklyn, N. Y.; Corresponding Secretary, Dr. M. B. MacDermott, of New York; Treasurer, Dr. M. B. Pearlstien, of Brooklyn, N. Y.

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### A Gala Week.

The annual meeting of the Alumni Association of the Eclectic Medical College will be held in the college auditorium, Cincinnati, at 2 P. M., Monday, May 11th.

The Commencement Exercises will be held in Memorial Hall, Elm and Grant Streets, Monday evening, followed by a reception to the graduates and visitors.

The Golden Anniversary meeting of the Ohio Society convenes for a three days' session, Tuesday, at 10 A. M., at the Grand Hotel, Fourth and Central Avenues.

A large attendance at all these events is anticipated.

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## Original Articles

### The Art of Administering Ether.

BY MILTON IRVING STRAHL, M.D.

Read at the twenty-first annual meeting of the Kings County Eclectic Medical Society.

Ether alone, and in conjunction with other agents, is being used as a general anesthetic far in excess of other combinations, although attempts have been made to obliterate it by the introduction of the newer anesthetics, namely the anoci-nitrous oxide, and the nitrous oxide-oxygen, but so far they have not been successful.

Ether can be used for very long operations with less danger and more reliability to the patient than any of the other so-called newer combinations; the toxicity is not as great; contraindications fewer; and where there is a concealed asphyxial element, this ob-

noxious feature may be easily detected, and suitable means be instituted for its correction, tending toward the benefit and welfare of the patient, and likewise the mental anxiety of the surgeon.

Ether narcosis can be produced by the intravenous, colonic and insufflation methods.

The intravenous is one of the newer methods, which consists in having an ethereal saline solution flow into the vein from intravenous apparatus, regulating the amount of anesthesia by the rapidity of the flow. It is indicated in old, anemic and weak-appearing people.

Fifty years ago, rectal anesthesia was administered by way of an ethereal vapor blown into the rectum; this worked well in some cases, but the irritating effect of the ether caused it to go out of use, but recently, one of our anesthetists combined the ether with olive oil to counteract this irritating effect. His method consists in injecting 8 ounces of a 75 per cent. solution of ether in olive oil into the rectum, along with chlorestone, grains 5, about 15-30 minutes before the operation, and leaving a double tube in the rectum, so in case the patient is too deeply anesthetized, the excess of the anesthetizing mixture can be withdrawn. This method is of recent issue, and its value will remain uncertain until it has been given a thorough trial.

The insufflation methods are mostly used, and consist of such a variety of methods that I will only quote a few, namely, the tracheal insufflation, the open and the closed method. The open method is the one most frequently used, so, therefore, I will continue to speak of the anesthetic being given by the open method. In the selection of a mask, quite a difference of opinion arises, but for the majority of cases a Yankauer or Ferguson mask will answer the purpose nicely. The Yankauer mask is a little larger than the Esmarch mask, and is made of steel mesh work with a heavy, nickel plated, and grooved back; the gauze is placed over the top, and is kept in place by a spring which fits in the groove. The Ferguson mask consists of a wire frame about 3 inches high; a conical center, made by the crossing of two pieces of wire; the gauze is placed over this, and the mask is enwrapped in a gauze cover; this cover forms a chamber over the gauze for the ether vapor. This mask works quite well.

One-half to one hour before commencing the anesthetic, some surgeons give their patient a small dose of morphine, or the H. M. C. tablet, while others condemn it, claiming that it makes the pupillary signs unreliable, and we know that ether kills by respiratory paralysis, and morphine is a respiratory paralyzer. Morphine, therefore, should be used with skill.

The starting of an anesthetic is better on the operating table except in very nervous people, because the moving from one table to another incites vomiting. Before commencing the anesthetic a little suggestion will go a great way, and in at least 70% of your cases, your patient will go under without struggling during the so-called excitement or choking stage. Tell them that ether will not choke them; that they will have a feeling as though they were going to fall from the table, but not to fear this; and lastly, that the surgeon will not commence the operation until they are fully under, and that you are able to judge that. During the administration, tell them they are doing splendid, or words to that effect, and do not have anyone hold them down on the table unless necessary, because the holding down invites struggling.

A few drops of oil of orange, or still better, the oil of rose geranium, dropped on a secluded part of the mask will make the introduction to ether more pleasant, and will keep the patient's mind away from the dread of the ether odor, which is condemned by their friends before they come to the hospital. Some anesthetists prefer to start the anesthetic off first with nitrous oxide, ethyl chloride, or chloroform, but straight ether will answer pretty nearly as well.

The ether may be dropped from an ether bottle onto the mask from a gauze wick placed in the incised top of a can, and held in place by a cork, or still better, spray it on. By spraying it on I mean, puncturing a fine hole in the top of the can with a needle point, and letting the ether escape in a spray, and the size of the spray can be increased until your patient is anesthetized. The spray method is more advantageous than other methods, especially in cases that require operation about the head, and the anesthetist must keep out of reach of the field of operation.

The following signs, if present, will denote sufficient anesthesia:

1. The absence of the esophageal reflex, which is the act of deglutition felt under the patient's chin, and which is caused by ether vapor in the beginning.

2. Slow and deep respirations.

3. A moderately contracted and fixed pupil reacting to light. Up to recent years a pin-point pupil was regarded as the pupil of anesthesia; but now it is considered deep anesthesia, and the above is used as the standard; this is due to the fact that the patients nowadays are kept under the anesthesia lightly, thereby minimizing the amount of ether, and the bad after-effects which sometimes follow the administering of ether. Some of our surgeons who visited clinics out in Rochester claim that the patients are so lightly



anesthetized that many times they kick during the operation, but it does not interfere with the operation.

Many unlooked-for disturbances arise sometimes during the operation; the patient may try to vomit, but a to-and-fro movement of the angle of the jaw will nearly always check this; they may become cyanotic; if due to the falling of the tongue backward, the holding of the chin forward will check this; if due to mucus, a gauze drain inserted into the mouth with the head on the side, or the insertion of a Tieman tube, will partly correct it; or if neither of these is the cause, and the patient is not deeply anesthetized, the application to the lips of a 1-3 solution of aromatic spirits of ammonia in water will bring back the color, or the inhalation of oxygen. The Tieman tube is a cylindrical rubber tube with a metal cap, having a groove in the center on which the teeth fit; it is about 6 inches long, and is inserted on top of the tongue.

After the operation is completed, it is the duty of the anesthetist to see that the patient is carefully wrapped up, and brought safely to bed; thereby lessening the liability to the post-operative sequelæ.

In bringing this short paper of mine to a close, I would like to recapitulate, and recommend the following:

1. The use of the open method; because it is safer and less liable to choke your patient.
2. The application of oil of rose geranium to make the introduction to ether more pleasant.
3. The suggesting to your patient before and during the early stage of anesthesia, to lessen or do away with the excitement stage.
4. The use of the spray method, which will minimize the amount of ether that the patient requires.

Brooklyn, N. Y.

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### Potassium Permanganate, the Ideal Acid Dentrifice.

BY D. ALPERIN, M.Sc., M.D., Ph.D.

In view of the fact that alkaline mouth washes have been the time-honored preparations, both in medicine as antiseptics, as well as in dentistry as dentrifices, a deviation from this view in the direction of acid washes and dentrifices, would constitute a "flagrant delit" and branded as an iconoclastic step in the field of medical therapeusis of the oral cavity.

The dentist, as a rule, has continued to use potass. permanganate, which is practically his sheet anchor as the most efficient prophylactic agent, in the various conditions that confront him in the practice of his profession. This favorite chemical he uses as a

mouth wash, not so much for its obviously good qualities, as for its readiness in obtaining it, and its distinguishing color. This profession, however, and this should include the medical brethren, has not given it its due place, and has actually discarded it from the prescription. The dentist, and for that matter the physician, will very seldom dispense it or prescribe it. It has been replaced in the armamentarium of drugs by other more expensive, fancier, but not quite so efficient proprietary preparations. The dentist will use potass. permanganate in his office, but will avoid prescribing it to his patients; this incongruity in action on the part of the practitioner, be he medical or dental, is partly due to faulty reasoning. As far as I can see it, and partly due to sentimentality, he prescribes an alkaline wash either because the salivary secretion is alkaline or because he happened to think of a preparation of which he had recently been supplied with samples. The doctor will prescribe a preparation out of a sense of gratitude and indebtedness towards the manufacturer for the samples sent to him.

The normal mouth secretion is alkaline, and if this should be perverted, it would be no more than right and proper, from a chemical point of view though, that this secretion be corrected. If the secretion has through some reason or other become acid, it is chemically correct that we supply an acid. Such treatment would be nothing more than a chemical neutralization of inanimate substances such as would occur in the test tube without taking into consideration the physiological activity of the salivary system, which in such case would be entirely neglected, and consequently would undergo atrophic degeneration from inactivity. The alkaline wash would neutralize the acid which already exists, or which may eventually develop. This palliative treatment may be effectual in relieving and soothing a corroded mucous membrane. It will, however, if continued for a longer period of time, prove very detrimental to the mucous membrane and to the glandular system, and thus invite a state of affairs that it was its purpose to remove.

The alkaline solutions, besides being very weak antiseptics, will by their very presence, prevent the secretion of the alkaline salivary juice, the natural protective secretion, and thus contribute eventually to the atrophy of the salivary glands. The same line of thought applies to the rest of the digestive apparatus, of which the mouth is only the vestibule, though not less in importance. The acid wash will stimulate the normal salivary secretion while the alkalines will inhibit them.

The stimulation of the gastric secretion (acid) is enhanced by an alkaline pabulum, coming from the mouth, and the acid chyme will induce normal alkaline secretion in the intestines, necessary for the final completion of analytic digestion. It is but logical to con-

clude from the aforesaid, that the acid substances used as dentrifices are best suited, both for therapeutic and prophylactic purposes. These acid solutions will call forth the natural protective secretion, and at the same time minimize or prevent the pathologic processes that are involved in the various difficulties.

Prof. Gies, of Columbia, has found that weak acid solutions of acetic acid are the ideal dentrifices. Various experimenters have determined the relative acidity of different fruit juices, of which a suitable acid dentrifice may be prepared for prophylactic application to the teeth. The acidity in these experiments was expressed in ccm. of  $\text{NNaOH}$  solution colored with phenolphthalein, for 10 ccm. of juice. The lemon juice was neutralized by 50 ccm. of the standard solution, currant, 20 ccm., cranberry, 19 ccm. Most of the fruits and ordinary table vegetables were found to contain appreciable quantities of acid; the above three ran highest.

The acid mouth washes are always to be preferred, both because they are better antiseptics and because they will stimulate the normal alkaline secretion and act as rational remedies in promoting normal physiological function.

Of all substances that have been used in treatment for the various difficulties in the mouth, permanganate of potash, in my opinion, is the most useful preparation for mouth asepsis, and at the same time the least poisonous substance of all the strong disinfectants. As a mouth wash it should be used in the strength giving a light pink color. Potassium permanganate is weak acid, in solution, and possesses a great oxidation power for all organic substances; it gives off twice as much oxygen in the nascent state as does hydrogen peroxide. It is an excellent astringent, and will act as such even in the highest dilutions with its oxidizing and antiseptic properties not impaired. Permanganate acts best in an acid medium, and for this reason it is most useful as a mouth wash. The solution of permanganate if used in a very concentrated form, will stain the teeth, but if used in the strength mentioned above will not affect the color of the teeth in the least. The permanganate solution should not be prescribed in any admixture, whether mineral or organic substances. It is very unstable, and will oxidize almost all inorganic and all organic compounds, without exception. It should be dispensed in cone aqueous solution, and the patient directed as to the proper concentration.

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### Coming Events Cast Their Shadows Before Them.

BY JOHN PERRINS, M.D.

The millennium in the practice of Medicine and Surgery was foreshadowed by two of the great lights in medicine, namely, Dr. J. P. Warbasse, of Brooklyn, New York, and Dr. Richard C. Cabot,

of Boston, Massachusetts, at the dinner of the Economic Club, of Boston, on Friday evening, February 27th, 1914, at the American House, in Boston.

The present superficial education of the doctor of today, and the terrible effect of rivalry and commercialism, rendered the service of the physician and surgeon almost worthless as contrasted with the superior ability of the specialist, both in diagnosis and treatment of disease. But if we are to have a specialist for each and every form of disease at the necessary high price charged by specialists, it would be impossible for any except the very rich to pay for such services. The people were divided into three groups, the very rich, the very poor who cannot pay anything for medical or surgical treatment, and the very large number of the comfortable or well-to-do who pay their bills. The very rich, of course, can have everything that money can pay for. The very poor are provided for at our city or state hospitals, where everything pertaining to instruments, and every other thing that is brought out, which is thought to be of use, is purchased (with the people's money), and the specialists of every name and nature are glad to give their services free, for the sole benefit of the poor [?], so the very poor, and such others as are willing to accept free treatment at the city's expense, are provided for.

But what of the great number who are not able to pay the enormous fees of the specialists and are too proud and too honest to become paupers or impostors? So the great mass of people who pay their bills are the ones who cannot get the benefit of the specialist, but must put up with the best services they can obtain from the ordinary family doctor. Of course, this is all wrong, and it is proposed to be righted in the following way:

First, our hospitals are to be so transformed that they will be available, not for the poor alone, but for every individual, man, woman, or child. Every person is to understand that he or she does not go there on charity, but it is to be his or her absolute right, free as the air we breathe. The expense is to be met by some form of yearly payments or taxation. The doctors are all to be specialists, and there is to be a sufficient number in each department to give proper attention to every case. They are all to receive a good, liberal salary, and are to be on duty a certain number of hours each day. There is to be no commercialism, no competition, therefore (as is common in all cases of absolute monopoly) they will devote the best that is in them for the benefit of their patients. In the department of surgery, the same method is to be followed as in medicine, so that if a patient should have a pain in the stomach or abdomen, and go to the hospital, if the doctor whose duty it was to make the preliminary examination should decide it was a case



of appendicitis or any other case requiring an operation, he would turn the patient over to the proper surgeon. There would be no fear that he would make the operation unless he felt quite sure it was a necessity, because it would make no difference to him so far as the pay was concerned, whereas in private practice as it is today, it is at least conceivable that if, weighing the case there is a five-hundred-dollar fee in one scale, and nothing in the other, it might be in some cases just possible that the five hundred might influence the decision; not to say that such a case ever did occur, but the new arrangement would do away with all such temptations.

Now, how is all this to be brought about? First, by reducing the number of graduates in Medicine and Surgery. This was shown to be already in progress from the report that very many of the smaller colleges had already been closed, and the number of graduates was smaller than in former years. A more thorough education is to be insisted upon, and the examinations are to be made more and more difficult, and so in due time only the very wealthy colleges and the very wealthy students will be allowed to exist. Thus will money, rather than brains, be the only passport into the study and practice of medicine and surgery. And this is to be brought about by concentration of forces; all these forces acting under the direction of one single head who shall have absolute power of control and shall be responsible for everything pertaining to law. All appointments must, of course, be made either by the one governing head, or by his subordinates with his approval. It is even now being sought to have that head created by law, in the form of a medical director or officer in the Cabinet, to be known as the Medical Director.

From what medical schools or school will these favored ones be chosen? Will the large number of Homeopaths or Eclectics be represented, or will it be an absolute monopoly of the school represented by the two doctors named, which for many years were known as Allopaths, but, in more recent years, as "regulars," or members of the American Medical Association?

70 Huntington Avenue, Boston, Mass.

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### Experiences as a Life Insurance Examiner.

BY HENRY STOESEER, M.D.

Having for thirteen years been a life insurance examiner, my experiences have naturally been decidedly varied and at times somewhat peculiar. To be an examiner for any life insurance company one certainly must be very conservative and honest in the execution of his duties. While it is proper for you to exercise your own opinion, you should give the applicant for life insurance the benefit



of any doubt. Of course, I have come across people who will tell deliberate lies in answering questions put to them. Others, instead of committing themselves, will reply, "I don't know." This answer will not be accepted by any life insurance company, and we are obliged to go into details as to why they do not know, and often find that some hidden past is back of it.

I can recall one case where I was instructed to make examination and report. While every question put to the applicant was answered in the negative and examination revealed nothing but fairness in the health, the examination report was returned to me with further instruction and family history of tuberculosis given. Again I called on this party, not for re-examination, as I was confident in my previous one, but to question her why she did not tell the truth in answering my questions. At examination she frankly admitted that she was so instructed to do, not knowing that there was a previous history of the family on record at the home office, though would not say by whom. Upon this information I simply thanked her and forwarded my report, saying that this applicant was not to be believed in whatever statement she made. Thereupon the applicant was rejected without further investigation.

Again, it happens more than once that the applicant will give you plain water in the bottle you hand them for their urine, thinking that we would not know better. It only shows you how people are trying to fool us, but they themselves put their feet in it. Also they are apt to give you urine from some other party instead of their own, and we must insist on getting their urine at time of examination—not to have it sent to us later on. We cannot trust. Sometimes it is the one who solicits the insurance who does this tricky work, as they are only looking for their commission, no matter how much they are attempting to fool the examiner, and the risk to the company.

We examiners are getting paid for our work, which is requested by the company, and it should be done conscientiously and without favor to anyone, whether rejected or accepted.

I have experienced one unfortunate thing, that if you reject you are certainly put down as knowing nothing, as we all usually get it when we lose a patient. We, therefore, as examiners must exercise our own opinion in this matter and never solely rely upon statements made by applicants.

Union Course, L. I.

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A puffy, red ureteral orifice in a healthy bladder is very suggestive of tuberculosis. The orifice may be enclosed in a circle of uniformly sized vesicles, the so-called bullous edema which is pathognomonic of descending tuberculosis.

**Items From the Field of Neurology.**

BY THEODORE ADLERMAN, A.B., M.D.

Senile dementia rarely appears previous to the sixtieth year, but may occur earlier in those who have worked hard and have been given to excesses. Mental shock, traumatism, may act as exciting causes for the condition. The course of the disorder is steadily downward, death occurring in from three to five years.

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Tetany can be distinguished from hysteria by the presence of Trousseau's symptom and the hyperexcitability of the muscles which is peculiar to tetany, from tetanus—by the fact that the spasms begin in the extremities instead of in the jaw muscles. The disease rarely causes death, excepting when due to gastric dilatation.

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Polyuria, with or without glycosuria, may develop in the course of brain tumor as a symptom of increased pressure. It has also occurred in small tumors of the medulla and cerebellum due mostly to irritation of the vagus.

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Cerebral syphilis may simulate paresis more closely than any other affection. The distinction is often very difficult. Severe headache, which is always present in syphilis, is practically absent in paresis. Pains in other parts of the body, worse at night, are characteristic of syphilis and against paresis.

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The following is taken from the United States Dispensatory, by Wood, Remington, and Sadtler: Ferrous arsenate is said to unite the virtues of the two metals which enter into its composition, but the quantity of iron in any permissible dose is so small as to be nearly or quite insignificant, and the activity of the medicine is in fact due to the arsenic alone. The complaints in which it has been found efficient are those in which arsenic in other forms has proved to be a most valuable remedy, and judging from our own observation, there is no one of them in which the common solution of potassium arsenite will not produce all the effects that can be obtained from the arsenical preparations. Should the coexistence of an anemic state of the system with any disease requiring the use of arsenic, indicate the joint use of iron, it would be unsafe to depend on ferrous arsenate alone.

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Arsenic given in medicinal doses can and has caused neuritis. The symptoms consist of paralysis of the extensors of the arms and legs, muscular atrophy, pains of a shooting, darting character, ten-

derness over the nerve trunk and some anesthesia. Eruptions and pigmentations of the skin are present in some cases.

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Mental hysteria can be defined as a subtype of the disease unaccompanied by the physical stigmata, but retaining certain of the psychical characteristics. I have met quite a few of such cases lately—and in all of them (4) the emotional element was very predominant and always in the foreground. These patients have very little self-control; their morbid nervousness is a torture to all those around them. The condition of these cases requires particular care, as they exhibit quite a tendency to revert to the elementary forms of the periodic insanities.

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Migraine, that form of headache which appears periodically, is not rare in infancy. In some instances brothers and sisters or several members of the family suffer from this malady. As a rule, the headache is localized in the frontal region, pain is seldom found in the occiput, while vertigo, nausea and vomiting are quite common. The attack terminates in sleep, from which the child awakens well.

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In deformities of the knee-joint which followed infantile spinal paralysis of the muscles of the lower extremity, the quadriceps femoris alone is paretic, incompletely paralyzed. Contracture of the knee-joint does not occur—in fact, the joint becomes more motile.

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Cristian observed 43 cases of general paresis in 100 cases of injuries to the skull. This percentage is too excessive to merit very serious consideration. In 500 cases of insanity Schlager observed a traumatic etiology in 49, of which 7 only developed general paresis.

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Ignorance of the existence of hysterical anesthesia on the part of a patient is an ignorance of personality only.

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Traumatic lumbago depending upon injuries to the vertebral column, cannot be classified among functional nervous diseases. While it is often associated with neurasthenia, it can be distinguished very easily. It mostly depends upon the strain or laceration of some of the numerous structures which protect the spinal cord.

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The attention of a patient with mania is most remarkable. Nothing seems to escape him, not even the most insignificant trifles in his environment. His attention cannot be held a moment, and the steady stream of his ideas entails an absolute lack of concentration.

Idiots with special aptitudes tend to early psychic degeneration. In general all idiots are short lived, the diplegic and paraplegic idiots seldom attain the age of 25 years. The hemiplegic idiots may live longer—but 40 years is about their limit.

In sleep-walking, the individual acts his part of a dream. The motor apparatus is awake and responsive to the mind. It is sleep with motor automatic activity and an increase of the subjective powers of the affected person.

910 St. John's Place, Brooklyn.

## **Materia Medica and Therapeutics**

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to  
DR. J. W. FYFE, Saugatuck, Conn.

### **Circulation and Temperature.**

Experience in practice clearly teaches that just in proportion to the variation of the circulation and temperature from the normal standard are the severity and activity of disease. The more frequent the pulse and the higher the temperature, the more active the germs of disease, the more rapid the progress of local or general disease, and the less power has the human body to protect itself by removing the cause of disease. These facts are so thoroughly established and so clearly apparent that they cannot be successfully contradicted.

In therapeutics it is found that just in proportion as the circulation and temperature can be brought (by small and frequent doses of the indicated remedies, and without depression) to the normal standard, just in that proportion will the processes of disease be removed and the vital processes be re-established.

### **Cannabis Indica.**

*Cannabis indica* (or Indian hemp) affords a powerful anti-spasmodic. It is also an anodyne and hypnotic of decided usefulness. In excessive doses it causes congestion of the brain, exalted imagination, torpor and sleep, convulsive movements and sudden shocks. The continued use of the drug in large doses induces prostration, drowsy, sudden attacks of a dangerous mania, and sometimes catalepsy.

*Cannabis indica* is a remedy of marked value in cystitis, and

is used with much success in gonorrhea. In diseases of women, where hyperesthesia of the genitals constitutes a prominent feature of the case, it is especially indicated. Hysteria, dysmenorrhea and uterine hemorrhage, when caused by neurotic excitement, are well controlled by this remedy. In the treatment of chronic alcoholism cannabis is a useful medicament, and many physicians deem it an agent of the greatest value in such cases.

Among the most frequently seen indications calling for the exhibition of cannabis indica the following are perhaps the most important: Spasmodic affections, irritation of the reproductive organs of females, frequent desire to urinate, accompanied by a burning sensation, lascivious dreams, irritation of the urinary organs.

The dose of specific medicine cannabis (or a good fluid extract) is from 2 to 10 drops, but it is most efficiently employed as follows: R Cannabis indica, gtt. v to xxx; water, ℥iv. Teaspoonful every two to four hours.

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### Gossypium.

In an interesting article published in the *California Eclectic Medical Journal*, Dr. H. T. Webster points out unusual and apparently valuable indications for this old and well-known indigenous plant remedy. In part, Dr. Webster says:

"It is strange that so reliable a remedy in the condition commonly referred to as hysteria has so long remained unnoticed by the majority of the profession, even in our own school. Within the past twenty-odd years my experience with it in pronounced cases of this kind has been large, and almost invariably satisfactory. As I have kept no record of cases treated with it in such condition, I cannot, from memory, recall many of them, but as illustrations, will refer to two cases of very recent occurrence.

"Several months ago the neighborhood in my vicinity was disturbed much, especially at night, by the crying of a child. It amounted, much of the time, to a piteous screaming, and some of the neighbors surmised that brutality was being exercised by the parents, but investigation proved that they were kind, and that they were doing all in their power to pacify the child and prevent it from making the outcry by trying to soothe it. I have heard it scream at the top of its voice continually from dark in the evening until three or four o'clock in the morning, for several nights running. The family occupied an adjoining house to mine, so we were much disturbed by it.

"One day, while the good wife was suffering from a headache, I spoke to the mother, who happened at the time to be in the back yard, asking her if it would not be possible to quiet it, as the noise



was, at the time, a great nuisance. She informed me that the case seemed intractable, for they had tried everything in their power to quiet the child, and recounted the efforts they had made and the futile measures recommended by their doctor. She remarked that she would be glad if I could recommend anything that would have any effect in the case. I told her that I believed I could do something for the trouble, and supplied a two-ounce vial containing a dram of specific gossypium diluted in water, with directions to give a teaspoonful every three hours while the child was awake. I may add that the subject was a delicate, puny girl about five years old, with a highly developed nervous organization. The screaming soon ceased, and after that the night was no longer disturbed by it. This was remarked by the neighbors, and the mother was so well pleased that I have since been the family adviser. A few weeks afterward the child showed a disposition to relapse, but another bottle of gossypium speedily arrested the symptoms. I do not want it understood that this remedy will always quiet a squalling child, but I do assert that when it depends upon a hysterical condition, which, though, is rarely the case, it is the only remedy known that can be depended upon.

"I was called to a robust negro girl, about twenty-one, who was convulsed with laughter. This was loud and prolonged at times, and alternated with short spells of giggling. It was after midnight, but the neighborhood was aroused by the hullabaloo. I could hear it when within a few rods of the door. The patient was very much distressed, but could not stop. While engaged in some playful sport with the younger children early in the evening she had begun laughing, and had kept it up for several hours and was getting worse instead of better.

"I called for half a glass of water and added a couple of drams of specific gossypium to it, ordering a teaspoonful to be given every fifteen minutes. I waited until two doses had been given, after which the patient soon ceased laughing and went quietly to sleep. There was no more trouble.

"I have relieved women who had been lying several days in a rigid condition with hysteria, permanently, in an hour, and some of these had been under the care of a medical attendant all the time without relief. It is a wonder in such cases. Nothing else in our materia medica belongs in the same class with it.

"Another place for it is where women about the menopause manifest peculiar mental disturbance. Though formerly capable wives and mothers, they now become despondent, irritable, morose and complain of many distressing ailments, such as numb spells, hot flashes, sleeplessness, and fear of impending insanity. Such cases may at length merge into insanity, though usually they

lose these unpleasant symptoms spontaneously after two or three years. Nothing acts so promptly here as gossypium. I add an ounce of specific gossypium and an ounce of alcohol to enough water to fill a pint bottle, and order a teaspoonful four times daily. Manifest improvement soon follows. I never prescribe for any case with more confidence than when I prescribe gossypium here.

"Of course, any such case may require additional treatment, but gossypium is the basic remedy. Sometimes a mild tonic helps; sometimes a little pulsatilla, in combination, is required; any case may present some complication demanding an adjuvant, but gossypium seems to reach the fundamental disturbance."

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### Baptisia Tinctoria.

From this small perennial shrub is prepared a remedial agent which has for many years occupied a prominent place in Eclectic therapeutics. It constitutes a good stimulant, alterative and tonic, as well as an antiseptic of much value. Strictly speaking, baptisia is not a chemical antiseptic, but in the living human body it has the power to arrest the progress of certain destructive processes, and greatly favor a restoration to healthy conditions. Some writers, in recognizing this property, have termed this plant a vital antiseptic.

Baptisia is a powerful vital stimulant, preservative and restorative in all states in which there is great loss of vital power. It improves the circulation in weak conditions and apparently dying parts, and at the same time exerts a decidedly beneficial influence upon the tissues involved. The cellular, muscular and nerve tissue, and the blood, are all restored by it to functional activity by its invigorating influence. In all abnormal states in which there is enfeebled capillary circulation and a tendency to ulceration baptisia is employed with the most gratifying results. It is also an efficient local and internal remedy in various forms of sore mouth or throat presenting the characteristics above named. In ulceration of Peyer's glands in typhoid fever it is used with curative results, and in all diseases showing putrescency and a tendency to breaking down of tissue it is employed with great advantage. Baptisia is not an indicated remedy in acute inflammation, but in cases in which there are enfeebled and swollen mucous membranes, accompanied by dusky or livid discoloration or a blanched appearance, with a tendency to ulceration and sloughing, it constitutes a medicament of great usefulness. In dysentery showing a low or typhoid condition, with discharges resembling prune juice or the washings of meat, or of a muco-purulent character, baptisia is a remedy of power and certainty, but in dysentery characterized by acute inflammation, with stools of blood or pure mucus, it is contraindicated.

Baptisia is peculiarly a remedy for sepsis, but such sepsis must be of the class characterized by certain disease expressions herein named. As before remarked, it is worthless in acute inflammatory conditions, but in pathological states manifested by bluish, swollen face, dark swollen membranes, or ulcerations of an indolent character, with bluish or purplish edges, or when the tissues are full, with a sluggish capillary circulation, it becomes a remedy of decided merit. In view of these facts it is readily seen that baptisia occupies a field of its own, and one that is likely to embrace septic conditions in pneumonia, dysentery, malarial fevers, diarrhea, scarlet fever and numerous other diseases.

The specific indications for baptisia which have been generally accepted as reliable include the following: Fullness of tissues with dusky, purplish red discoloration of the tongue and mucous membranes; appearance of the face resembling exposure to severe cold; debility with feeble capillary circulation; tendency to ulceration and decay; fetid, prune-juice-like discharges; tendency to gangrene; typhoid fever or typhoid conditions with continued moist, pasty coating on a tongue of natural redness; slick tongue, like raw beef; dark, tar-like, fetid discharges mixed with decomposed blood; putrid secretions.

The dose of specific baptisia is from one to ten drops, but it is usually prescribed as follows: *R* Baptisia, gtt. v to xx; water,  $\bar{\text{z}}$ iv. Teaspoonful every hour.—Dr. J. W. Fyfe, in the *Eclectic Medical Journal*.

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### Collinsonia.

Collinsonia is an old remedy, but one that does not receive enough attention from the average practitioner. Hæmorrhoids, chronic laryngitis and atonic heart are leading indications for it, and here it receives attention from the average practitioner. Many neglect to remember it in rectal pain unless due to obvious hæmorrhoids. Its action here is sometimes instantaneous. The writer has more than once had occasion to bless the action of this remedy in his own case. A country practice in the long-ago enabled him to accumulate a combination of rectal pockets and hæmorrhoids which were finally properly treated and cured, but a rectal neurosis has remained, which is aroused by sitting on a cold, damp seat, and when such exposure is committed the following night is liable to afford a disagreeable surprise in the way of sudden excruciating pain, which wakes the sleeper out of a sound slumber, and may be likened to the piercing of the rectum with a sharp knife.

We have been schooled, and sleep with a bottle of Collinsonia on the dresser at the head of the bed, and one or two applications.

of the full strength of the specific medicine to the tongue, made by turning the bottle upside down on the dorsum, banishes every unpleasant feature, and within ten minutes sweet oblivion is again on, and no more trouble for a month or two or until another indiscretion provokes another attack.—*Eclectic Medical Journal*.

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### Calendula.

After twenty years' or more experience with Calendula, I can surely agree with every word Dr. Gregory says about it. I have never had a poor quality of it, for I have always bought it from the homeopathic pharmacies, which are comparatively sure to furnish first-class goods and charge accordingly. In drugs I want the best and am willing to pay for them. The great William Tod Helmuth, who for years was dean of the New York Homeopathic Medical College, I believe was the greatest apostle Calendula ever had. Whenever I hear a physician singing the praise of Calendula I think he has sat at the feet of Helmuth. I never had that good fortune, but have associated with a number who did, and in that way learned to use Calendula. Calendulated boric acid as a dusting powder I often use, and it is very good.

Almost twenty years ago I used hot fomentations on a carbuncle with wonderful results. I believe I used it in the strength of one ounce of Calendula tincture to a pint of water. I began to use it as soon as I got the case, which was well developed. In a surprisingly short time the slough came away, leaving a clean wound, which healed rapidly. It was a case in an old woman 78 years of age, the location of the carbuncle being on the spine in the lower lumbar and sacral region. When that slough came away I believe it left a hole as big as the crown of my black stiff hat, and I was good and scared. I felt it my duty to tell the old lady that she would die, and I tried to break it to her as gently as I could. After I had hinted at it she very kindly helped me out. She turned around on the chair and faced me and said: "Well, Doc, in other words, you be a tryin' ter tell me as how I haint a goin' ter git over this here." I quite timidly replied that I feared such was the case. She thought a minute and then said: "Well, Doc, I know ye're honest and you think I won't git well, but I'm older nor you several times, and I won't die yit. Oh no!" She was out of her sphere at the time, visiting a son, who lived in Pittsburgh, but in a few weeks she was able to go, unaccompanied, to her home in the mountains of West Virginia. She visited her son a year later, and I met her on the street. I dare say she is still living, for she was a rare, rugged, rough old specimen of humanity.—Dr. E. P. Cuthbert, in *Medical Summary*.



## Society Meetings

### SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Indianapolis, Ind., June 16-19, 1914. W. S. Glenn, M.D., State College, Penn., president; W. P. Best, M.D., Indianapolis, secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month. D. Alperin, M.D., president; A. S. Gombar, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month. John Birkenhauer, M.D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton street, Brooklyn. Theodore Adlerman, M.D., president; A. B. Wolf, M.D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes street, Brooklyn. A. B. Wolf, M.D., secretary.

### Eclectic Medical Society of the City and County of New York.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held at Van Glahn's Hotel, March 19, 1914. The following members were present: Drs. Harris, Sillo, Hardy, Thompson, Herr, T. D. Adlerman, Favorini, Stimberg, Pearlstien, Charles Brandenburg, Brunor, Graf, MacDermott and Gombar. Visitors, Drs. Steele and Walenta.

In the absence of both the president and vice-president, it was regularly moved and seconded that Dr. Sillo act as the presiding officer for the evening. Carried.

The minutes of the previous meeting were then read and approved.

Dr. Harris led a discussion on arsenate of iron (hypodermic uses). He said that it had been used for a number of years in Italy, and that it has always been beneficial in his experience. He always has the blood examined before beginning treatment, and generally gives daily injections of Bamballetti's preparation. He finds that it will increase the hemoglobin and the red blood corpuscles, and all symptoms of anemia disappear, and the patient generally gains weight. He cited a number of cases he had treated, all with good results.

Dr. Thompson spoke of a case of anemia and Bright's disease in which he had given 4 injections, and the patient developed uremic convulsions. He then stopped the iron, and gave Basham's mixture, after which she improved.

Dr. Brunor uses it where the stomach will not tolerate anything, and then prefers the intravenous method.

Dr. Sillo cited a case where the patient suffered with interstitial nephritis, and the remedy produced almost marvelous results.



Drs. Favorini, Adlerman, Graf and Pearlstien also used the iron arsenate considerably, and were satisfied with its action.

Upon motion a vote of thanks was extended to Dr. Harris for his discussion.

Dr. Graf reported good results obtained with the sinusoidal current. A patient 54 years of age had been suffering with constipation for almost 34 years, and had tried all kinds of remedies and treatments. She was given this treatment by the doctor, and discharged cured. Another patient, a male, 35 years of age, actor, suddenly became blind. His condition was diagnosed as an atrophy of the optic nerve and was treated by specialists without any results. Dr. Graf treated him daily with the rapid current for about 20 minutes and the patient has improved so that he is now able to perceive light.

Dr. Favorini cited a case of a man, 24 years old, who suffered with temporary dementia following an initiation into a secret society. He would lock himself into a room, and allow no one to enter unless the proper signals and password were given. He later became violent and died eight days later.

Dr. Pearlstien spoke of a case of a boy, seven years old, who fell into a tub of hot water and scalded himself from the fourth cervical vertebra downward as far as the coccyx, his sides, limbs, in fact, more than one-third of his body, and finally recovered. The doctor used an ointment of stearate of zinc, Peruvian balsam and a benzoic acid base.

Dr. Harris mentioned a case of a man suffering with a valvular lesion of the heart, and in which a portion became detached. He suddenly complained of a pain in his left arm, the pulse was absent, and he became blind. Examination of the eye showed an embolus in the eye, which later produced an atrophy of that eye. A collateral circulation, however, became established in his arm, but a large portion sloughed off, which later was repaired.

Dr. Thompson spoke of a child, 15 months old, which scalded itself by pulling a plate of soup over itself, and burned a considerable portion of its neck and chest. The doctor at first applied some peppermint and sweet oil, which eased the pain, and dusted it with some cornstarch which he found in the house. The next day the child felt much better, so he followed this mode of treatment and the child recovered.

The Board of Censors reported that they had not heard from Dr. Brandman, and therefore could not make any report.

A motion was made, seconded and carried that the resignation of Dr. Brandabone be accepted, and that the doctor be so notified.

A motion was also made and seconded that the name of Dr. MacLachlan be dropped from the roll.

Another motion was made and seconded that the letter of Dr. H. Waite be referred to the executive committee; carried.

Upon motion, the following names were ordered dropped from the roll, for non-payment of dues: Drs. M. Carr, Bullo, F. Kahlenburg, M. Skou, B. Abramowitz and C. Greil.

A motion was made, seconded and carried, that a committee of three be appointed to draw up suitable resolutions protesting against the Seeley bills, and that these resolutions be printed and a copy be sent to each member of the Assembly and Senate at Albany. It was also moved and seconded that a Eugenic Bill, to which Dr. Thompson referred, be referred to a special committee. The chair appointed Drs. Harris, Hardy and Thompson.

For the next meeting Dr. Thompson promised to read a paper on "Eugenic Marriages from the Point of View of a Physician."

The financial secretary presented a bill for \$3.45 for postage, which upon motion was ordered paid.

The meeting then adjourned.

A. S. Gombar, Secretary.

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## Selections

### Eclectic Examining Board Representation.

A very important conference was held in Chicago, last February, between a special committee from the *American Institute of Homeopathy* and a similar committee representing the *National Eclectic Medical Association*.

Among other points discussed at the conference, the following situation was apparent, affecting each school of medicine about equally, that we both had nearly a dozen men representing us on boards by virtue of their Homeopathic or Eclectic graduation, who did *not* belong to our national organizations, and in some cases were even avowed members of the A. M. A. During the last year a few of these have been persuaded to join their national body. The *Medical Century* for December scores a number of their state board men for being backsliders. A résumé of our situation will prove equally interesting.

*\*Alabama.*—A single Allopathic board.

*Arizona.*—A composite board. The Eclectic member, R. M. Tafel, Phoenix, does *not* belong to our National; Homeopathic member likewise.

*\*Arkansas.*—Three separate boards. The Eclectic Board is loyal.

*California.*—New composite board lately organized. H. V. Brown, the Eclectic representative, belongs to our National.

*\*Colorado.*—Composite board; no Eclectic since the death of Dr. T. Willis Miles. Strong efforts should be made to get one of our men appointed.

*\*Connecticut.*—Three separate boards. Our board all loyal.

*\*Delaware.*—Two boards; would advise Eclectics to appear before the Homeopathic Board.

*\*District of Columbia.*—Three boards; none of the Eclectic Board belongs to our National.

*\*Florida.*—Three boards; the secretary of the Eclectic Board, at Tampa, does *not* belong to the National.

*\*Georgia.*—The new law provides for a composite board. The three Eclectics belong to our National.

*Idaho.*—The law provides that three schools shall be represented. The Eclectic member, Russell Truitt, of Cottonwood, does *not* belong to the National.

*\*Illinois.*—In the recent reorganization of this composite board the loyal Eclectic, W. R. Schussler, of Orland, was reappointed.

*\*Indiana.*—On this composite board, M. S. Canfield, of Frankfort, belongs to the Eclectic National.

*\*Iowa.*—Composite board. Dr. G. F. Severs, of Centerville, is loyal.

*\*Kansas.*—Composite board—"no school shall have a majority." A. S. Ross, of Sabetha, and F. P. Hatfield, of Olathe, are both members of our National.

*\*Kentucky.*—Composite board, representing three systems. G. T. Fuller, of Maysfield, is a member of our National. Through his efforts students are now examined in practice and materia medica.

*\*Louisiana.*—Two boards. Eclectics are referred to the Homeopathic Board.

*\*Maine.*—A composite board; no Eclectic member now.

*Massachusetts.*—A composite board of three schools. A. L. Chase, of Randolph, does *not* belong to our National.

*\*Maryland.*—Two boards. Eclectics are referred to the Homeopathic Board.

*\*Michigan.*—Composite board. G. W. Nafe, of Fremont, belongs to our National; Wm. Bell, of Belding, does *not*.

*\*Minnesota.*—Composite board; no Eclectic member of late years.

*Mississippi.*—Exclusively Allopathic Board.

*\*Missouri.*—The law specifies separate examination in therapeutics. The Eclectic, I. W. Upshaw, of St. Louis, belongs to the National.

*Montana*.—Exclusively Allopathic Board.

\**Nebraska*.—Composite board. Dr. H. B. Cummins, the loyal Eclectic, is now secretary.

\**Nevada*.—Composite board. S. L. Lee, of Carson City, the secretary, is only nominally an Eclectic.

\**New Hampshire*.—Composite board. The Eclectic is not very active as far as our National is concerned.

\**New Jersey*.—Composite board. D. P. Borden, of Paterson, the Eclectic, is a member of our National.

\**New Mexico*.—Exclusively Allopathic Board.

\**New York*.—The New York Regents control. The examining board contains representation from all schools, but has little final power. Eclectic, E. H. King, of Saratoga Springs, belongs to our National.

*North Carolina*.—Exclusively Allopathic Board.

\**North Dakota*.—Composite board; no Eclectic now.

\**Ohio*.—The law provides that "no school shall have a majority representation." S. M. Sherman, of Columbus, and S. Schiller, of Youngstown, are loyal Eclectics.

*Oregon*.—Composite board. H. L. Henderson, of Astoria, belongs to the National.

*Oklahoma*.—Composite board. M. Gray, of Mountain View, and R. E. Sawyer, of Durant, are loyal Eclectics.

\**Pennsylvania*.—Composite board. C. L. Johnstonbaugh, the Eclectic, belongs to our National.

*Rhode Island*.—Exclusively Allopathic Board.

*South Carolina*.—Exclusively Allopathic Board.

\**South Dakota*.—Composite board. V. E. Daniels, of Madison, is an energetic member of our National body.

\**Tennessee*.—Composite board. B. L. Simmons, of Granville, is a member of our National.

\**Texas*.—Composite board. "No school shall have a majority." M. E. Daniel, of Honey Grove, and G. W. Johnson, of San Antonio, are both members of our National.

\**Utah*.—Composite board. The Eclectic, C. L. Olsen, Murray, does *not* belong to the National.

\**Vermont*.—Composite board. The Eclectics are *not* active in our National.

\**Virginia*.—But two schools on the composite board now.

*Washington*.—Composite board; no Eclectic at present; a good opportunity for missionary work.

\**West Virginia*.—No provision for separate school representation; no Eclectic now; a good field for missionary work.

\**Wisconsin*.—Composite board. F. C. Haney, of Watertown, the recently appointed Eclectic, belongs to our National; O. B. Bailey, of Fennimore, does not.

\**Wyoming*.—Exclusively Allopathic Board.

All States marked with an asterisk (\*) have provisions for reciprocity. Particulars can be obtained from the board secretary.

The above information is given bluntly without much comment. Possibly a few urgent letters from our friends, addressed to those who do *not* belong to our National, might be productive of much good. If any errors have crept into our list, I shall be glad to make corrections.—Dr. John K. Scudder, in *Eclectic Medical Journal*.

### Drugs in Venereal and Sexual Diseases.

To attend the meetings of some of our advanced or special medical societies and to listen to the papers and discussions, one would think that drugs are no longer used in medicine, that materia medica and pharmacology are discarded sciences, and that the Pharmacopeia and the Dispensatory have been, or if not, should be, burned and their ashes scattered to the four winds. For, in the discussion of treatment, you very seldom hear the name of a drug referred to, and that only incidentally. Surgical treatment holds the center of the stage. After that comes electricity, with the high-frequency current, fulguration, and so on; then come the Roentgen rays, and radium (which, though a material substance, is not classed among drugs, for it owes its virtues to immaterial emanations); then various mechanical appliances, and, if more material things are referred to, they generally are the sera, vaccines, and bacterins.

More than once I have had occasion to tell my fellow urologists that, if they were a little more familiar with the action of drugs, if they did not consider it beneath their dignity to devote some time to the investigation of the action not only of new but of some old remedies, their patients often would escape surgical operations and mechanical manipulations, and would be so much better off.

Recently I attended a meeting of one of our most prominent medical societies. Among the papers read was one on the treatment of gonorrheal arthritis with gonococcus vaccines. The speaker reported three cases. Of these, two were stated to be cured, and one "practically" cured.

Now, it so happened that of the two reported as cured, one afterward applied to me for treatment; for he had remained well for about three weeks, then his wrist began to pain and swell again, and, as he did not want a repetition of the painful injections, he did



not go back to his former doctor. And when he applied to me for treatment, the first thing he asked was whether I would use gonococcus injections on him. I did not use any gonococci on him, but treated him with calcium sulphide and arsenic iodide internally, and collargol ointment externally; and his wrist got perfectly well and has remained well for more than seven months.

The other two of the speaker's cases were those of women. As one of these women was only "practically well" (and "practically" well some cases of gonorrheal arthritis sometimes get under any treatment), we will leave it out of consideration. The other patient reported as cured had received billions and billions of gonococci through a period of more than five months. The "practically cured" patient received fifteen injections of fifty to five hundred millions each. By the way, how some doctors do enjoy rolling these big figures between their teeth: 50,000,000, 100,000,000, 500,000,000—it sounds so big, and looks so impressive on paper.

Although I believe that the sera and bacterins may be employed in some rebellious cases, and though I hated to adopt an antagonistic attitude, I could not help getting up and saying that I should feel ashamed if I could show no better results in gonorrheal arthritis, obstinate as that affection is, and that I should hesitate to come before a medical society with such a report. And then I spoke of the results which we obtain by saturating the patient with calcium sulphide and arsenic iodide, and by the external use of guaiacol, methyl salicylate, unguentum Cr  d  , and so on. And, of course, as I expected, there was hardly anybody in the audience who had ever heard of the use of calcium sulphide and arsenic iodide in gonorrheal arthritis.

Yes, at the end of the meeting I discovered two doctors who had heard of them.

If I have obtained some reputation for success in the treatment of venereal and sexual diseases, it is owing to two causes: first, I have respect for the male urethra, have learned that it was not made to be poked with instruments except for very good reasons; and, second, I have respect for drugs.

Perhaps the latter is due to the fact that before devoting myself to urology I was an ardent student of pharmacology; but the fact is that the waves of therapeutic nihilism have passed over me without any effect, and I am as strong a believer in the virtue of properly prepared and properly administered drugs as I ever have been. And I believe that by the proper combination of drugs we can produce such a demulcent and antiseptic, and even solvent, effect upon the urine and the renal and vesical mucosa as to render operative interference in numerous cases unnecessary.—Dr. William J. Robinson, in *Clinical Medicine*.

### Censoring Medical Journals.

*The Journal of the American Medical Association* is to-day the unanimously self-elected journal of American medicine. Its thunderbolts have closed the doors of many small colleges that had turned out good men, have crippled many medical journals and played Jovian hob generally. Now it says we have too many journal articles printed that are not worth printing, and calls for a change in this respect. There is much truth in what it says, but who is to be the judge of what is good? Indeed some may say that the *Journal* would do well by making a beginning in the matter of sweeping its own door-step. From the same issue the following is quoted from the leading article: "We have trained ourselves to remove the appendix when the patient is suffering no discomfort at all, and often when the attacks have been insignificant. We do not always remove the appendix, therefore, to relieve the patient of suffering, but often only to protect him from death from peritonitis." Would not this be open to possible censorship? For the past few weeks the leading English medical journals have been boiling over on the subject of "The Craze for Appendectomy," from which it may be inferred that the public, who furnish the clinical material and the money, also the non-surgical doctors, are becoming restless over too much operation to protect from peritonitis.

There is much medical chaff blowing through the journals and the popular magazines, but it is better to let it blow rather than to suffer the possible tyranny that might follow the suppression of a free press. You Dearborn Street men may have the highest and best in medicine and be fitted to rule, may have the loftiest ideals, but the world is a big one and not every man could live up to your giant stature. Therein is where some think you are in error—when by law, the police, the army and the navy you would force all to be measured by your standard. It would be wise for you to allow the big world a little more medical elbow room, even if some "quackery" does creep in and garner a few ill-gotten shekels. And then, What is quackery?—*Homeopathic Recorder*.

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### Self-Laudation Rebuked.

At a meeting of the Medical Society of the County of New York last week, a report of an investigation made by the Comitia minora at the request of the Board of Censors, was read. In it attention was called to "the rapidly increasing number of publications in the lay press concerning the professional activities of many prominent members of the society," which were described as "self-laudation rather than public health education." While admitting the right of the public to receive information on the progress of medical science, the report stated that what was printed "should

be the substantial truth, and not the possibly immature ideas of an enthusiast, who may awaken false hopes, and by the unsuccessful outcome of his efforts lower the confidence of the public in the profession." At the close of the reading of the report, the society unanimously adopted resolutions requesting that its members when giving information to the lay press do so in an impersonal manner, and in strict conformity with the well-known principles of medical ethics. — *New York Record*.

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### Items

Letters from Dr. and Mrs. Boskowitz state that they had a comfortable trip across the ocean, there being but two days of rough weather. They are having a pleasant journey, and their numerous friends will be delighted to know that the doctor's health is much improved.

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The man who refuses to affiliate with the National Eclectic Medical Association, and still accepts the Eclectic place on a composite examining board, surely shows that his sense of fitness is a bit crippled. Such a man should be prayerfully labored with, both in and out of season.

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A midwife in this city must now be at least twenty-one years of age and possess a diploma or certificate showing that she is a graduate of a school for midwives. This, however, does not apply to persons heretofore authorized to practice midwifery.

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Jacob Schiff and James A. Scrymser have each given \$100,000 to the American National Red Cross Society. Mrs. Whitelaw Reid has made an annual endowment of \$2,000 to the same society.

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At the International Exhibit of Safety Sanitation, held in this city, Switzerland displayed its method of stamping out the white slave traffic. The exhibit showed much intelligent thought, and attracted deep interest.

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Mrs. William K. Vanderbilt, Jr.'s anti-drug bill, on which heads of city departments, lawyers and the police have worked for months, is complete and Senator Frawley is preparing to introduce it at Albany.

It makes the sale and handling of habit-forming drugs, as now carried on, practically an impossibility.

Every drug in the list must bear a "poison" label. When a druggist makes a sale he must register the amount and the name and address of the buyer.

The druggist must give his name and the prescription or other authority for the sale. The measure also makes it a misdemeanor for a person to have drugs in his possession without authority.

Among those who co-operated in framing the bill are J. P. Atkinson, chief chemist of the Board of Health; Commissioner Katherine B. Davis, Everett K. Coulter, Mrs. Vanderbilt's legal representative; Dr. Hatch, of Cornell University; Judge Swan, of General Sessions, and Lieut. Daniel Costigan, of the Police Department.

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The editor of one of our interesting exchanges—they are all interesting, in one way or another—is very earnest in his advocacy of the righteousness of the prevention of child-bearing as making for “the happiness and progress of the human race.” The *Recorder* goes with him to the length of agreeing that every married pair should be at liberty to do as it pleases in this very personal matter, but begs leave to point out the self-evident, but overlooked mathematical fact, that it is the seed of those who let the children come that will inherit the earth and whose name will not perish. Whether the avoiding of this is worth the trouble is another matter—but such is the fact, glaring at us from all sides to-day.—*Homeopathic Recorder*.

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#### Recovering from Pneumonia.

To hasten convalescence from pneumonia the physician will find a substantial aid in Cord. Ext. Ol. Morrhuæ Comp. (Hagee).

Its distinctive service in inflammations of the air passages and the function it serves as a nutritive, entitle it to first choice as a reconstructive product, and for these reasons it is the agent *par excellence* in convalescence from pneumonia.

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#### Postal Regulations.

In accordance with the provision of section 467½ of the postal laws and regulations the following statement is made for The Eclectic Review published monthly at New York, N. Y.

Editor, Business Manager, Publisher and Owner, George W. Boskowitz, M.D., 242 West 73rd Street, New York City.

This is a scientific publication. There are no bondholders, mortgagees, or other security holders.

(Signed) John W. Fyfe, M.D., Associate Editor.

Sworn to and subscribed before me this 19th day of March, 1914.

Frederick Bradley, Notary Public,

Fairfield County, Conn.

My commission expires February, 1916.



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# THE ECLECTIC REVIEW

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## The State Meeting.

A gathering of enthusiastic members of the Eclectic Medical Society of the State of New York began at Albany on the 25th day of March. In the absence of the President, Dr. Robert A. Toms, first Vice-President, presided with marked ability.

The afternoon session was a good one, the attendance being larger than on the first day for several years.

One of the pleasing incidents of the meeting was the reading of a cablegram from Dr. Boskowitz, who wished for every success of the meeting. It was unanimously voted to answer the doctor's cablegram, sending him the best wishes of the Society and a hope for his early return with restored health.

There was a slight uneasiness on the part of some members which was not removed until the nominating committee reported on the second day.

There was a large attendance on the morning of the second day, notwithstanding the fact that many had returned to their homes on the previous evening.

Dr. Sturm presented a paper on serum therapy for tuberculosis which was listened to very attentively, and caused some discussion. Dr. Sturm extended the same offer that he had previously extended the Eclectic Medical Society of the City and County of New York; namely, for any member to bring to him a patient and observe the manner of the treatment, and also to watch the results of the treatment. A committee was appointed to make such observations and report at the next meeting. This action evidenced the spirit of progressive eclecticism. If there is good in any method we want to know all about it, but we do not propose to let go of a reasonably safe treatment until a safer one is assured.

Our Law Committee was very active in legislative matters, and presented to the Society copies of the many bills introduced in the legislature and in Congress that were detrimental to the medical profession. Most of them are vicious, and all of them of the paternal order. A motion condemning this class of legislation was adopted. Too much credit cannot be given to Senator Boylan for his efforts to prevent the passage of bills that do not apply to the entire medical profession.

Thus the Eclectic Medical Society of the State of New York, in the year 1914, adjourned, and passed into history as a body of enthusiastic, aggressive and united medical men.

G. W. T.

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#### Hints and Winnowings.

When Salvarsan (606) was introduced in this country as a specific for syphilis the REVIEW was the first of the Eclectic journals to give a full description of the loudly heralded agent, as it was also the first of these journals to warn its readers against the dangers likely to follow the employment of a substance of such a poisonous character. This warning was not prompted either by superior knowledge or especially favorable environment, but by ordinary common sense, which made it apparent that such a powerful poison introduced into the human body must necessarily prove detrimental to health, and when employed in the dosage advised by its advocates, positively dangerous to life. Since that time its injurious effects have almost daily been recorded by the lay and medical press. Interested parties, and old school physicians, who are everlastingly searching for specifics that can be fitted to the names of diseases, without regard to their component parts, have constantly labored to cover up the deadly effects frequently resulting from the exhibition of Prof. Ehrlich's so-called specific for syphilis.

Salvarsan is a dangerous proprietary poison and its injection into a living human body should be prohibited by law. In the light of its results in a California hospital this action seems urgently demanded.

The substance of the following report of the recent use of salvarsan in the institution above referred to is taken from the *California Eclectic Medical Journal*:

"The latest modification as supplied by Ehrlich is called neo-salvarsan, and it is claimed to be quite harmless in the dose advised. However, the Los Angeles County Hospital has recently had an experience which utterly disproves this assumption. The tragedy is of too recent occurrence to determine who is to blame, if blame

there be, but the following facts are undisputed: Eight patients, each with a diagnosis of syphilis of the brain, or spinal cord, were given the neosalvarsan treatment. The method used was the lumbar puncture and subarachnoid infusion. Seven of these patients died within twenty-four hours, and the remaining one survived but for a few days. Therefore, the record shows eight persons treated consecutively and eight deaths—a catastrophe difficult to explain; in fact no explanation so far has been offered. The man who did the work claims proficiency gained from experience, therefore the technic of administering the drug was correct. The drug itself appeared to be all right when used, and a subsequent examination of the remainder of the consignment shows it to be the real thing—answering all of the required chemical tests. A pure drug faultlessly administered to eight consecutive patients and it kills every one of them—nobody is at fault! Allah wills!”

**Limiting reproduction** of the human species to men and women of superior mental and physical health constitutes a favorite and well-nigh inexhaustible subject for discussion by certain self-appointed guardians of mankind in general. This plan for securing a better race of men and women is believed by its advocates to be a good and feasible one, but they fail to recognize the influence of heredity—that one “cannot get away from his grandfather”; or, in other words, that ancestors have much to do with the mental and physical health of their descendants. Nor do they give serious thought to the easily demonstrated fact that many men and women included in the class they regard as being suitable to improve the human stock do not want even a small number of children, or to the further fact that most of the persons included in their selected eligibles are fully acquainted with effective methods of avoiding the responsibility. While, on the other hand, their labors for an improved race of beings must contend with the fact that this country is now largely inhabited by a prolific people of questionable mentality, who welcome the advent of children, regarding them as an investment from which they hope to derive financial returns in the future. These are the persons whose names are to live and who are to become the *ancestors of future Americans*.

As we advance in knowledge of heredity it is possible that much may be done along lines which make for a better race of human beings, but in the meantime it will do more good than harm to remember the origin of many great men. Even our great Lincoln’s immediate ancestors might easily be regarded as somewhat defective.

The laws of heredity, as the *Interstate Medical Journal* well points out, are but lamely understood at present and, for that matter, will never enjoy so perfect an interpretation that any one

shall be in a position to say he is a prophet as to the outcome of carefully laid plans. We undoubtedly want healthy children in this world, and this depends greatly on the parentage. But to have healthy children we need not go to the lengths of the eugenists who imagine that just because the man is free from syphilis or, as they so poetically express it, "from all hereditary taints," and the woman with rosy cheeks and broad hips and a vitality that is unquestionable, the child resulting from such a union must be a Hercules with a mentality that has not a smithereen of abnormality to abase it. But, even granting that men and women dowered with strong muscles, strong nerves, healthy and optimistic views of life are the right sort of parents for eugenical children, will not the will-o'-the-wisp, heredity, play the world a trick none too seldom, and prove again and again its utter irresponsibility? Just as likely as not the eugenical child will surprise the circle of eugenists who are watching his development and turn out a Poe, a Baudelaire, or a Francis Thompson, the very mention of whose names sends a shiver down the spines of the eugenic gentry. The medical man of to-day who has made a study of the various facets of life, while not opposed to the eugenical movement in its milder phases, is not enthusiastic about the eugenical child because he sees underlying fallacies and knows the things that are beyond human power.

Medical bills favoring Christian Scientists and osteopaths, passed by the recent session of the New York legislature, have been protested against by Dr. S. S. Goldwater, Commissioner of the Department of Health of this city, in a letter to Gov. Glynn. In his protest Dr. Goldwater declares that the enactment of such legislation would gravely endanger the health of the residents of this city. He says that one bill is a bold attempt to obtain "for all kinds of charlatans practicing mental healing practically the same privileges now granted to physicians."

Dr. Goldwater then cites a recent case where a boy suffering from diphtheria died while under the treatment of a Christian Science healer, while other members of the family attended school, without reporting the case to the health authorities.

The other bill that he criticises refers to osteopaths. He said it was an attempt to compel the Board of Health to grant to osteopaths having had two years' training in osteopath schools and who received their licenses without examination the right to sign death certificates. This would be an unjust discrimination against physicians who went through the regular four-year course, he said.

**Obituaries****Death of Dr. W. H. Hawley.**

His many friends and associates will be deeply grieved to hear of the death of William H. Hawley, M.D., who died at his home in Penn Yan, N. Y., on the 29th of March, 1914. He had been in poor health for nearly three years, but when the end came he had been confined to his bed less than three days.

Dr. Hawley was one of the best known and most skillful physicians of western New York. He was born in Middlesex, Yates County, N. Y., in 1825 and was a son of Deacon Ira Hawley, a noted man in that section. Several of Dr. Hawley's brothers were also physicians of prominence. Dr. Hawley attended school at Middlesex and was graduated in 1850 from the Eclectic Medical College in New York city. He first practiced at Rushville, N. Y., later at Canandaigua, N. Y., and for about forty years was located in Penn Yan, having an extensive practice and being one of the most active and successful physicians in Yates County. For 29 years he was surgeon for the N. C. R. R., and was a member of the National Association of Railway Surgeons. In 1880 he was president of the New York State Eclectic Medical Society and he was a member of seven different medical associations, including the National Eclectic Medical Association. Also, he had been a member of the examining board of Eclectic physicians of New York State.

He was twice married, first to Caroline Parsons by whom he had two sons, Dr. Frank Hawley, deceased, and Dr. W. B. Hawley, Jr., now at Dundee, N. Y. In 1877 he married Miss Anna Wortmann, of Yates County, a lady of many amiable qualities. Owing to advanced age Dr. Hawley had lately retired from all except office practice. He had been a member of the Free Will Baptist church since the age of fifteen and of the Masonic order for 50 years.

Dr. Hawley left a widow, one son, one brother, an adopted daughter and five sisters.

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**Death of Dr. A. Waldo Forbush.**

Dr. Albert Waldo Forbush, of Somerville, Mass., died at his home in that city on the 20th of March, 1914, of pneumonia, after an illness of but four days. Dr. Forbush was born in Westminster, Mass., August 11, 1851, and graduated from the academy of his native town. He soon after began the study of medicine, and was graduated from the Eclectic Medical College of the City of New York, in 1881. Dr.



Forbush practiced medicine in Boston, Charlestown and Somerville, Mass. In the latter city he had practiced fourteen years. He took a deep interest in fraternal societies and was a member of many of them. He is survived by a widow.

Dr. Forbush was a well known investigator of the therapeutic action of plant remedies, an able advocate of Eclecticism and a writer of more than ordinary ability.

## Original Articles

### Typhoid Fever.

BY H. J. TERPENNING, M. D.

Read at the Fifty-fourth Annual Meeting of the Eclectic Medical Society of the State of New York.

During the Autumn of 1913 I treated 15 cases of typhoid. I had three deaths, all in one family. Of the fifteen cases, four were in one family, three in another and two in two families. Of the deaths, one was from perforation and two deaths from toxæmia. There were four cases of hemorrhage; two severe cases having 3 or 4 hemorrhages each. The other two were mild and limited to one hemorrhage each. There was one that had diarrhœa for the first ten days, while the other cases were more or less constipated.

Fourteen cases were in families of the laboring class with outdoor closets. Thirteen of the cases had city water and one family where there were two cases of fever had well water, and these two cases came down only a day apart. In only three of the families was a nurse employed and two of these were in the second week of the disease. In most of the families one person acted as nurse and prepared the meals for the rest of the family. From a study of the fifteen cases I have come to the following conclusions, viz:

First: That all cases of suspected typhoid be treated as typhoid so far as disinfection of all discharges and all the precautions are concerned. That it is important to make as early a diagnosis as possible. That all cases be isolated from the rest of the family and that only one person have the care of the case and that person should do no part of the work in the kitchen. If we cannot give the patient such care and such exclusion from the rest of the family I believe we owe it to the family and the community to insist on the patient being sent to the hospital even if it be at the expense of the city or town in which he resides.

The family in which I had four cases of typhoid with three

deaths is a good illustration. The family consisted of the father, a blacksmith and a heavy drinker, age 36; the mother, who worked in the woolen mills, age 35; and the children, Vera, age 12, Gertrude, age 10, and Charles, age 8. The mother was taken sick with chills and fever a week before I was called, and called in a physician once.

When I was called they did not tell me that she had been sick a week and that a physician had been to see her. I found her dressed and lying on a lounge. Temperature 101°, pulse 100; some chills and moderate bronchitis. She had to wait on herself with what help the girls could give her and the two girls got the meals and waited on their mother when she urinated and when her bowels moved. She used the commode at such times. It was a week before I diagnosed the cases as typhoid and soon after this Vera the oldest girl came down with the disease. An aunt cared for the two a week. During this time the mother had had four or five severe hemorrhages from the bowels, which were curtailed by hypodermics of morphine and atropine; also gave ergot and stypticin; applied ice bag to abdomen; stopped all food by mouth; the mother made a good recovery. Vera N. was delirious after the first four or five days, and at the end of ten days was in a semi-conscious condition. A nurse was employed at this time and everything done for her, but she died of toxæmia and exhaustion near the end of the third week of the disease.

The very day that the girl died the father was taken with the disease, but refused to go to bed, and the morning of the funeral went down the street and ate a ham sandwich and some beer. That afternoon his temperature was 104°, and I took him to the hospital. Charles N., the boy, came down with the disease the day after his father and was taken to the hospital. The father was delirious part of the time and there was marked temperature from the first. He had three or four hemorrhages about the end of the first week, which were controlled by the same measures used for his wife. The morning of the 15th day of the disease he told me he felt good, but there was a good deal of distention, and before I left he was taken with severe pain in the abdomen; perforation had taken place. Everything except an operation was done, but he died ten hours after the perforation.

Charles N., the boy, was delirious after the first six or seven days, and had the same symptoms, and the disease followed the same course as the girls, and he died in the middle of the third week, after being unconscious for ten days from toxæmia and exhaustion. He had the ice cup to the head and sponge baths from the start and later he had high injections of water at 65° and 70°, and the Murphy drip.

They all had echinacea and salol during the course of the disease, and such other drugs as seemed indicated.

After the third or fourth day little or no laxatives were given except a few doses of castor oil, and in the third or fourth week I depended on injections to move the bowels. All of my typhoid cases had liquid diet.

I had one case of typhoid that had a pulse rate of 44 to 56 during the four weeks he had the fever. Another case was six months pregnant, that made an uneventful recovery and later had a healthy child. I did not use typhoid anti-toxin, but from the cases where I have seen it used and the results I shall not hesitate to recommend its use in future cases.

309 West Broadway, Fulton, N. Y.

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### **Abscess of the Prostate Gland.**

BY G. ALLAN ROWE, M. D.

Read at the 54th Annual Meeting of the Eclectic Medical Society of the State of New York.

Prostatic abscess is generally due to acute follicular or parenchymatous prostatitis, following an acute attack of urethritis. It is also said to be caused by exanthemata, chickenpox, smallpox, scarlet fever, measles and typhoid fever, but I have never seen a case in which the cause could be traced to any of these diseases.

The symptoms of follicular prostatic abscess are usually sudden chills and a temperature which goes up quickly to 104 or 105 degrees F., after which it drops and continues from 100 to 101 degrees, with intermediate light chills and profuse sweating, which indicate septic infection. Sometimes there is great difficulty in urinating, and there may be a complete retention of urine. Repeated rectal examinations will keep the physician informed as to the patient's condition, and after the acute symptoms subside there will be a noticeable softening of the little nodules on the prostate. A little later, fluctuation may be present, and if the temperature suddenly drops, and the patient feels a marked sense of relief, it will indicate, perhaps, that the abscess has broken in the urethra. This result is corroborated if more or less pus escapes with the urine. If the opening in the abscess is large, so there can be a free escape of pus, the wound will heal perfectly and, in from four to ten days, the shrunken cavity in the prostate is replaced by collective tissue which gives the sensation, per rectum, of a hard and depressed area.

In the parenchymatous form of prostatic abscess, there is a rise of temperature, chills, sweating, headache and throbbing pain. Usually the abscess in this form is much larger than in the follicular form and, of course, upon rupture, the loss of tissue will be greater.

Either or both lobes may be involved, but when both are affected, the symptoms are often greatly aggravated and suffering is much more intense. If the rupture in a parenchymatous abscess breaks in the urethra, the patient will pass urine that may be red, or red and white, and it is well to speak of it to the patient, so he will not become unnecessarily frightened. The urine in these cases will contain pus, blood, prostatic tissue, epithelial cells, mucous and other débris.

Frequently, prostatic abscess will break during a rectal examination or while inserting a catheter to draw the urine, and this is generally fortunate for the patient, because it may be the means of averting an operation. I had one case in which the rupture took place while introducing a catheter, and I allowed the catheter to remain in the urethra and gently massaged the prostate until the pus had ceased flowing.

This patient made a rapid and uneventful recovery, after gently massaging the prostate two or three times every other day.

Prognosis of follicular abscess is almost always favorable, although the general health may suffer considerably, owing to a low degree of inflammation of the prostatic urethra, caused and kept up by the escape of pus. Prolonged cases of prostatitis cause neurasthenia on the part of the patient, and much worry and annoyance to the physician. If they do not break and discharge into the urethra, they should be operated upon as soon as fluctuation is detected.

Of course, in parenchymatous abscess, the prognosis is not so certain, as the disease is more severe and suppuration more extensive. Phlebitis of the prostatic plexus is always to be dreaded, as also are septic conditions. As high a mortality as 42% has been reported in parenchymatous abscess from phlebitis and sepsis. I do not think, however, that such a high mortality is ever warranted, as in my judgment it indicates poor treatment. I might add that one of the most desirable things in prostatic abscess is to have it discharge in the urethra. Sigmund gives the following table as to the relative frequency of the locality in which prostatic abscesses discharge: In the urethra 64 cases, rectum 43 cases, perineum 15 cases, ischio-rectal, 8 cases, inguinal 8 cases, foramen ovale 2 cases. Occasionally they may discharge in the navel, sciatic notch, or at angles of the false ribs. Fistula may remain in some cases, but with a correct diagnosis, and an early operation, few cases of fistula should develop.

**Treatment.**—The treatment of prostatic abscess is chiefly surgical. Of course, hot sitz baths, night and morning, are very beneficial, as also are hot rectal douches of salt solution, containing about a drachm of salt to a quart of hot water. Saline laxatives for the

bowels are desirable, as they are not only intended to keep the bowels free, but also to favor an alkaline condition of the blood. Urotopin in ten-grain doses in a glass of hot water three times a day will prove beneficial.

If the patient has symptoms of sepsis, the abscess should be opened through the perineum, even if fluctuation is distinctly felt in the rectum. The reason for this is because drainage through the urethra is always better than through the rectum. After the dissection is made, the deep urethra may be gently dilated with the finger and the point of a curved bistoury carried along to the bulging abscess where a short stabbing or digging incision is made. This permits the escape of pus by way of the urethra through the perineum. A long cut or a deep cut is to be avoided as it may sever the sphincter muscle of the bladder and result in incontinence of urine. It is a good plan to wrap the blade of the bistoury with cotton up to within one inch of its point so that no other damage may be done to adjacent parts while making the incision. Frequently, when both lobes of the prostate are involved, it may be necessary to make more than one incision, and search should always be made for fluctuating points and each one should be punctured.

Healing usually takes place in eight or ten days, when the patient may resume his work. Gentle massage of the prostate every other day will sometimes favor more rapid discharge of the pus and, consequently, more rapid healing. The massage should be discontinued if any considerable quantity of blood should appear.

110 N. Pearl St., Buffalo, N. Y.

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### How to Use a Hypodermic Syringe.

BY MAX MEYER, M. D.

Read at the 54th Annual Meeting of the Eclectic Medical Society of the City of New York.

The construction of a hypodermic syringe is so well known to you that I can omit a detailed description.

Of late the instrument maker has endeavored to perfect the syringe by doing away with cotton, leather, and asbestos packing, because the latter are the breeding places for micro-organism.

The all-metal syringe was a step forward, but naturally the contents of the barrel, such as air bubbles or impurities in the solution, could not be seen. The very latest design is made entirely of glass and metal; there are no washers or any packing; the barrel is graduated, the whole affair presenting a compact, neat and sterilizable instrument.

Although the price is high, in the end the investment pays, because you have no trouble or repair. Such a syringe I have used



daily for three years, and I am more than satisfied with it, because I can rely upon my syringe at any time. Of course, it is essential to look after it occasionally to keep it in good trim.

After use, clean the syringe immediately, preferably by sucking up hot water through the needle and squirting it out again. After repeating this a few times, take the syringe apart, dry it thoroughly and put it back into the case. I advise you, never let the piston remain in the barrel and also not to try the suction power of the syringe by closing the orifice and letting the piston snap back, as this will invariably smash the barrel.

The needle should have special care. After it has been cleaned and dried, do not forget to replace the wire into the lumen; by doing so you will avoid a clogging up of the needle. See that the point of the needle does not touch any hard substance, nor stick the needle into a cork, or the edges will get dull. Rust sometimes attacks the outside of the needle as well as the inside, and this can be avoided by dropping a little bland oil (I use paraffine oil) into the needle and moving the wire back and forth a few times. A good scheme also is to nickel-plate the steel needle. You can do this yourself very easily by using nickel-plating powder.

See that the needle is always sharp, not alone the point, but the slanting side also, which should be razorlike, as some skins are exceedingly difficult to penetrate. If any difficulty is noticed, sharpen the needle carefully on an oilstone. Should the needle be clogged up, boil it in a solution of washing soda, which opens the lumen up and brightens the surface. By observing the above advice you will soon realize the comfort you derive from these suggestions.

As to sterilization: I have found that this should be done occasionally, because in general our solutions are antiseptic by themselves and infection by micro-organism need not be feared, because of the aseptic syringe and its immediate cleaning.

The filling of the syringe is accomplished by dissolving the tablet in the opened barrel or in a separate vessel, but always attach the needle after the barrel has been filled. My new device, the F. & M. tube, is a handy and efficient instrument, which does away with many inconveniences in regard to filling, and besides serves as a receptacle for the needles.

After the needle has been attached to the barrel, press the piston a little forward, in order to expel any air which may have remained in the barrel or lumen of the needle, because this air may cause some unpleasant after effects.

Now our hypodermic syringe is ready for use.

Next we come to select the place where an injection should be made. It is not immaterial where and how we proceed, because there is a reason why abscesses sometimes form, although we have

been exceedingly careful. In the first place let it be understood that no injections should be made on the head, into the joints or the posterior thorax. Briefly let me tell you, that injections may become troublesome in those parts of the body which have been in contact and exposed during foetal life with and to the amniotic fluid, hence, if you will remember the position of the foetus in utero, you will select the places where the least disturbance can arise.

Having then selected the spot where you want to introduce the needle, the next step is to cleanse the skin. If you are in a hurry, as in emergency, moisten a pellet of absorbent cotton with alcohol or ether and rub the skin with it, then proceed further. If you have ample time, drop the ether, drop by drop, upon the spot. This cleanses and anesthetizes at the same time, thus saving nervous and sensitive people pain, which accompanies the introduction of the needle.

Now, with the thumb and index finger of your left hand pinch up a good sized fold of the skin and push the needle gradually and in a horizontal direction into the integument. The needle should be introduced at the lowest part of the fold and the piston of the syringe gently pressed forward while injecting. See, that the needle pierces the epidermis, then the corium and lodges in the areolar tissue below. Don't squirt the whole load quickly, but rather infiltrate slowly drop by drop, and meanwhile move the point of the needle from one place to another. This will prevent the formation of a weal and at the same time lessen the tendency to form an abscess. Of course, in obese persons it is quite difficult to pinch up a good sized fold, hence abscess formation is more liable to occur.

Before withdrawing the needle, put a pellet of absorbent cotton over the puncture and, with pressure downward upon the cotton, withdraw the needle slowly. The pressure upon the puncture is increased a little and at the same time produce a rotatory motion, in order to distribute the injected fluid evenly in the areolar tissue; the firm pressure will also arrest any small hemorrhage which might occur.

To protect the little wound from infection a small cotton-pledget, moistened with a solution of leadwater and fastened by adhesive strip, is put over the puncture; or a solution of celluloid in acetone (liquid skin) is brushed over the little wound.

Should the area, even though all precautions have been taken, become inflamed, or should an abscess form, accompanied by local heat, simple hot water applications to the parts will relieve the pain and inflammation very soon.

When an abscess has formed, it should be opened and washed out with peroxide of hydrogen and afterwards dressed with Hydrargii oxidi flavi, which promotes granulation and quick healing.

14 East 120th St., N. Y. City.

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### Items From the Field of Neurology.

BY THEODORE D. ADLERMAN, A. B., M. D.

A paper by Naylor dealing with Thyroid Feeding in Mental Diseases appears in the *Australian Medical Journal*. The author thinks that a considerable number of cases often classed as "dementia praecox" respond favorably (?) to the treatment, and moreover, that those which do not exhibit any reaction, are not likely to improve under any other methods. He puts his patients to bed and gives an initial saline purge. Fifteen grains of thyroid extract are given three times a day for several days, the dose is then increased for five days to 20 grains thrice daily and then discontinued. The patient, still in bed, is fed up for another fortnight and a week of open air rest is allowed about. The treatment of insanity by thyroid is not new, but Naylor's plan is a definite and a considered one, and it will be worth watching his dementia praecox cases.

A sensation of pain and burning of the tongue is an early symptom of pernicious anaemia. Any complaint of this nature requires not the services of a neurologist, but a careful examination of the blood. These had been called in recently to such a case, the physician in charge claiming the patient had neuritis. I insisted upon a blood examination—and it at once showed the true condition. I have seen the same symptom in some cases of severe, simple anaemia.

Grandall, in the *Archives of Pediatrics*, discussing the etiology of convulsions in early life, first lays stress on age, secondly, on the potent, but indefinite (?), factor of heredity. (Careful investigations would show heredity to be rather definite.) The third predisposing cause to his mind is rickets. Of exciting influences: (1) the organic brain trouble; (2) reflexes; (3) the toxic—each in turn demand careful consideration.

Aubertin and Parvan, in *La Presse Médicale*, declare in the course of a valuable article, that chorea of the heart does occur, though not very commonly, in cases of Sydenham's chorea. One is an arrhythmia, that is not necessarily accompanied by endocarditis or by functional murmurs. This arrhythmia may be very marked, but there is no cardiac failure. The electro-cardiograph

shows atypical undulations suggesting auricular fibrillation. The patient in the course of time gets well.

Can there be any doubt of the heritage of feeble-mindedness? A mere glance at the sinister history of the Kallikak family, a record of illegitimacy, harlotry, alcoholism, incest and crime, is sufficient. Who can doubt the Mendelian law, to be its method of transmission, after reading this record?

The following is taken from the record of a State insane hospital, where a table of expectancy based on the Mendelian law was made out: Out of sixty-four offsprings of seventeen matings, all of whose parents had the neuropathic constitution according to the Mendelian law all these 64 children would be neuropathic. Fifty-four were found to be strongly neuropathic. Of 169 children of 37 other matings, one of whose parents in each case had a neuropathic constitution, according to Mendelian law  $84\frac{1}{2}$  would be neuropathic. Actual findings were 84 neuropathics.

Is there anything in heredity? Think it out for yourselves.

Presenile delusional insanity is most frequent in women and appears usually between the ages of 55 and 64 years. It is often a hereditary condition. It is strongly marked by impairment of judgment, by delusions of suspicion, especially of infidelity of the husband or wife. Hallucinations are present in many cases, but are not common. Memory is impaired, but not for remote events. Suicide may be attempted and the patient is unstable and excited.

Sensorial idiocy may be due to a congenital or early loss of two senses, as sight and hearing. Such, however, may be educated to a high degree of mental development.

Krapelin was the first to show that the symptom groups, which for years have been known as melancholia and mania are more or less related, that is, that the same patient may have had at one time mania, at another melancholia, and have often exhibited the symptoms of both although one or the other usually predominates. Krapelin's definition is as follows: Manic depressive insanity is characterized by a group of mental symptoms throughout the life of the patient not leading to mental deterioration

Hereditary is the great predisposing cause in hysteria. In most cases (with some exceptions), you find a history of hysteria, epilepsy, insanity or some other similar neurosis in the parents.

910 St. John's Place, Brooklyn.

**Materia Medica and Therapeutics**

EDITED BY

**JOHN WILLIAM FYFE, M. D.**

Short Articles giving definite indications for remedies are solicited, and may be sent to  
DR. J. W. FYFE, Saugatuck, Conn.

**Chronic Diseases.**

In the treatment of chronic diseases, no less than in that of acute diseases, it should be remembered that recovery cannot take place until the circulation and temperature are brought to the normal standard. The probabilities of a cure are as to the possibilities of bringing and maintaining the circulation and temperature at the standard of health, without the use of depressing drugs. The first evidences of improvement in the condition of a patient are a lessened frequency of the pulse, a better circulation and an equal temperature of the body. In many cases the abnormal condition of the circulation is the basic wrong upon which other lesions depend. When this is the case the remedy that will restore a normal circulation will also remove all the disease processes caused by the disturbed circulation of the blood. It will thus be found that secretion and excretion, as well as digestion and nutrition, and also the intensity of disease, are in proportion to the condition of the circulation. On the other hand, as the pulse comes down to the normal standard, and the blood circulates freely, just in that proportion is a restoration of secretion and excretion, better digestion, a more active waste and repair, and a better blood-making.

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**Hydrastis Canadensis.**

This old and well-known indigenous plant yields an excellent remedy in all cases of irritation with enfeebled circulation, and is especially valuable in diseases of mucous membranes. When there is acute inflammation, with arrest of secretion, and in cases where connective tissue is principally involved, it is of little if any value. It exerts a special influence on nutrition, and improves the appetite. Hydrastis acts beneficially on the intestinal mucous membrane, and is a superior remedy in imperfect recoveries from diarrhea and dysentery. In atonic dyspepsia it is successfully employed, and in all diseases characterized by subacute or chronic catarrhal conditions of the mucous membranes, whether of the stomach, intestines, bladder, uterus, vagina or urethra, it constitutes a medicament of curative power.



Hydrastis exercises its most efficient influence when administered in accordance with the following specific indications: Engorgement, inflammation and hemorrhage of the venous system; pallid mucous membrane; hemorrhoids when the venous circulation is enfeebled; passive hemorrhage; fullness of mucous membranes; fullness of veins inclined to dilatation; pain in the testes and ovaries, when produced by venous congestion; excessive secretion of mucus; ulcerations of the stomach and intestines; gastrointestinal irritability in the later stages of phthisis; relaxation of perineal tissue. Locally: Various forms of eczema and other skin diseases; piles; bruises and wounds; aphthous sore mouth; chronic gastritis; gastric catarrh; chronic catarrhal conditions.

The dose specific hydrastis (or a good fluid extract) is from 10 to 30 drops, but it may be employed as follows:  $\mathcal{R}$  colorless hydrastis,  $\mathfrak{ss}$ ; water,  $\mathfrak{z}$ iv. Teaspoonful every two or three hours.

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#### Diseases of the Intestines.

A thoughtful re-study at this season of the year of the drugs named below cannot fail to make for more accurate and successful prescribing. Their indications and uses are fully given in *Specific Diagnosis and Medication*. It is, therefore, unnecessary to give more than their names in this place.

**Acute Catarrhal Enteritis.**—Aconite, ipecac, magnesium sulphate, nux vomica, diascoria, rhus toxicodendron.

**Chronic Catarrhal Enteritis.**—Epilobium, hydrastis, nux vomica, geranium, boracic acid, colocynth, carbo-veg.

**Pseudo-membranous Enteritis.**—Echinacea, Phytolacca, hydrastis.

**Mucous Colitis.**—Nux vomica, agrimonia, hydrastis, potassium bichromate.

**Diarrhea of Children.**—Aconite, ipecac, glycyrrhiza, lactic acid, chamomilla, bismuth subnitrate, ferrum phos., kali muriate, equal parts of castor oil and glycerin.

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#### Summary of Heroic Proving of Glonoine.

Through the courtesy of the Dupont Powder Company Dr. George E. Ebricht, of San Francisco, was enabled to examine and question about twenty men employed in the manufacture of nitroglycerin. Here is the result, in his own words, which goes to make up a very compact proving of this drug:

"A throbbing headache is characteristic. It frequently begins in the forehead and moves to the occipital region, where it remains for from an hour or two to three or four days. It may be asso-

ciated with a sense of exhilaration at first, but most of the patients are depressed. Restlessness and inability to lie quietly in bed are often present. Many patients cannot sleep, so that the unfortunate victim is doomed to make the best of his pain propped up in bed through a couple of sleepless, restless nights, often with nausea or vomiting, and in severe instances with diarrhœa. Maniacal attacks were not called to my attention by the men I examined.

"Concerning permanent effects, the general health of the men working in nitroglycerin appeared to be in no way impaired; on the other hand, they were in remarkably good condition. Several factors bore on this result. In the first place, they were selected men chosen for reliability and sobriety, and a bonus system was in vogue for continued good service. On account of the hazard of their occupation, smoking tobacco was not used. With the exception of one case of chronic valvulitis of rheumatic origin, the examination of their hearts showed no abnormalities. The examination of the radial arteries showed no abnormal changes. Blood-pressure ranged within normal limits. There was no evidence of chronic low blood-pressure, and no appreciable relaxation of the arteries or of the capillaries. I found no instances of shortness of breath, nor did Dr. Fernandez, who has charge of the health of the men, notice that it ever occurred. As far as the complexion of the men was concerned, there were no evidence of destructive blood changes, such as might have been anticipated by constant destruction of oxyhemoglobin. The amount in the system at any one time was too small.

"Examination of the urine of nine men revealed no glycosuria. This included one man suffering from nitro-glycerine headache. In his case there was no flushing of the skin or relaxation of the radial artery, although he was experiencing throbbing pain in the head and dizziness and nausea. His systolic blood-pressure was 122 mm. Hg

"Alcohol enhances the toxic symptoms by relaxing the blood vessels. This is true to the degree that a man who has been exposed to nitro-glycerin all day without ill effects may precipitate a severe headache in a very few minutes by taking a cocktail."—*Homeopathic Recorder*.

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### The Single Dose of Anti-Toxin in Diphtheria.

The prevailing opinion as to dosage perhaps cannot be better summarized than was done by Dr. Darlington, former health commissioner of New York, in a paper read at a medical meeting in the spring of 1912. He says:

"All patients over one year old who have been ill from twenty-

four to thirty-six hours, and show membranes limited to the tonsils, should receive at least 5,000 units. Patients over one year with membranes extending to the soft palate and uvula, or to the posterior wall of the pharynx, should receive 10,000 units as an initial dose, while in similar cases with the additional involvement of the nose on nasopharynx the initial dose should be at least 12,000 to 15,000 units. In septic cases when the patient has been ill for five to seven days, with necrotic membrane of foul odor, a tendency to hemorrhage from the nose or pharynx, and petechial spots upon the skin, enormous doses may be administered—up to 20,000 units. Even larger doses have been given, and croup cases should receive at least 10,000 units, and if the pharynx is involved with the larynx, 15,000 units. It is frequently necessary to repeat the dose, and the indications for this are: (1) If, after twenty hours, the false membrane is spreading, or does not show signs of curling at the edges; (2) if the general condition is not improved, as shown by the state of the pulse and the lessening of mental apathy. The latter is an extremely valuable guide, for in cases in which sufficient antitoxin has been given its improvement is more rapid than that of any other symptom. In croup cases the dose should be repeated unless the obstruction has become less marked. In all cases the second dose should be as large as the first. The indications for the third and fourth doses are the same as for the second, but the interval between the third and fourth doses may be reduced to twelve hours. When a maximum of from 40,000 to 50,000 units has been reached it is useless to administer more antitoxin. Further injections only increase the suffering of the patient."—*Boston Medical and Surgical Journal*.

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#### **Chenopodium Anthelminticum.**

An oil derived from this plant constitutes a useful remedy for lumbricoid worms. A good way to exhibit the remedy is to give 5 to 10 drops of the oil on sugar every night and morning for four or five days, and follow this treatment with a medium dose of some mild cathartic.

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#### **Lime Water.**

In the treatment of the summer complaints of children very few remedies are more frequently needed than this common medicament. It is an excellent remedial agent in all conditions attended with acidity of the stomach. Infants are frequently seen who cannot retain their food and vomit much of it in a curdled condition. Such children should be given from one-half teaspoonful to a teaspoonful of lime water every three or four hours. It may be given in cow's milk or in a little of the mother's milk.

**Meeting of the Eclectic Medical Society of the City and County**

## Society Meetings

### SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Indianapolis, Ind., June 16-19, 1914. W. S. Glenn, M.D., State College, Penn., president; W. P. Best, M.D., Indianapolis, secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month. D. Alperin, M.D., president; A. S. Gombar, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month. John Birkenhauer, M.D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton street, Brooklyn. Theodore Adlerman, M.D., president; A. B. Wolf, M.D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes street, Brooklyn. A. B. Wolf, M.D., secretary.

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### Meeting of the Eclectic Medical Society of the City and County of New York.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York, was held at Van Glahn's Hotel, April 16, 1914, Dr. Alperin in the chair.

After roll call, the minutes were read and approved. Dr. Thompson read a paper on "Eugenic Marriages from the Point of View of a Physician." The doctor cited many points pro and con, and strongly objected to the passage of any laws on this subject, believing that they would only make the existing conditions worse for the State. Dr. Adlerman discussed the subject most thoroughly and spoke very favorably of the passing of eugenic laws. In his discussion he mentioned the Kalliekek family of New Jersey and the Juke family of New York and showed the great harm that can occur from permitting persons of this kind to marry and procreate.

Dr. Graf in his discussion advocated the use of vasectomy. Drs. Pearlstien, Sanger, Hains and Hardy also participated in the discussion.

A vote of thanks was then extended to Drs. Thompson and Adlerman for their paper and discussion.

Dr. Heeve reported on the Harrison Bill, which refer to the dispensing of narcotics by physicians and druggists, and reported progress.

A motion was thereupon made, seconded and carried that a legislative committee of three be appointed, whose duty it shall be to draw up suitable resolutions, and act upon any legislative matters that may arise, and that it shall have full power to act. Drs. Thompson, Heeve and MacDermott were appointed.

Another motion was made and seconded that a permanent com-

mittee of four be appointed, to be known as the Essayist Committee, who shall provide essayists and essays for the term. On this committee Drs. Harris, Hardy, Sturm and Graf were appointed.

On the Publication Committee, the chair appointed Drs. Meyer and Herr.

Dr. Boskowitz sent a letter of thanks from abroad to the Society, thanking it for its bon voyage greetings, and reported a pleasant trip with plenty of fair weather.

A motion was made, seconded and carried that an entertainment and reception committee be appointed to arrange a dinner in honor of Dr. Boskowitz upon his return and that it invite one of our Senators (Senator Boylan) to present. The chair appointed Drs. Thompson, Sillo, T. D. Adlerman, Heeve and Sturm.

It was also moved and seconded that this committee be empowered to add other members, as they saw fit, and that they have full power to act in all matters.

For the next meeting Dr. Graf promised to read a paper, subject not given.

The meeting then adjourned.

A. S. GOMBAR,  
Secretary.

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## Selections

### Acute Anterior Poliomyelitis.

The subject of this paper, as the name would indicate, is an inflammation of the anterior cornua of the gray matter of the spinal cord. This disease, apprehended by the laity as one of the new diseases, may not be more prevalent than the natural increase of population and the emigration of the human family would produce, but certainly the number of cases now known to exist greatly exceeds that of former statistics.

It is said that this malady was reported to the Census Bureau, Section of Mortality Statistics, under twenty-four different names, and in order to avoid confusion the term "Acute Anterior Poliomyelitis" was officially adopted, being more nearly correct than other terms in general use, such as infantile paralysis, acute spinal paralysis, essential paralysis or epidemic poliomyelitis.

Underwood, in 1774, gave a recognizable though by no means clear-cut description of this disease, but Jacob von Heine, in 1840, is generally credited with the first accurate clinical picture of this form of paralysis. Not until within the last decade, however, has the infectious and contagious character of the disease been recognized, being more carefully investigated after the epidemic form had become pronounced.



The Scandinavian territory appears to be the original habitation, having an epidemic in 1905 of over fifteen hundred cases, and emigrants from this region seem to take with them a remarkable degree of susceptibility. Vermont, in 1894, had 826 cases; New York, in 1907, had 2,500 cases; Wisconsin, 1910, had 408 cases, and other districts about the Great Lakes, including Canadian territory, have been invaded. Ohio, in spite of the indifferent attempts at isolation or quarantine by the guardians of public health, has had little trouble from this very grave disorder except that of sporadic cases. Statistics concerning the number of cases in this country previous to 1905 are not very reliable, as it was not reported and its existence is known only by the number of cases that entered hospitals or sanatoria for the treatment of the resultant paralysis.

*Etiology.*—Regarding the etiology, the following facts have been established: First, that the virus or bacillus of anterior poliomyelitis is too small to be seen with any microscope now to be had. Second, that the disease can be propagated by the dust from a sick room. Third, that the virus is not removed by filtering the culture through a Berkfield filter. Fourth, that the naso-pharynx is the probable entrance place of the infection. Fifth, that the disease is infectious and contagious. Sixth, that, while the early history showed a preference for the northern or colder climates, more recent epidemics have occurred in Cuba (1909) and in Australia (1910). Seventh, that the occurrence or spread of an epidemic of poliomyelitis is not proportioned to the density of population. Eighth, that the epidemics have invariably occurred in the warm dry months. Ninth, that the majority of cases are found in children between the ages of one and five years. Tenth, that males are more frequently affected than females.

*Pathology.*—While von Heine is said to have first described this disease in 1840, his observations were made after the subsidence of the acute symptoms, and the reports, therefore, of Damaschino and Roger, published in 1871, first described the pathological changes in the cord as the primary lesion.

Acute anterior poliomyelitis is now recognized as a general infection producing characteristic lesions in the central nervous system, viz., congestion, infiltration and edema of the cord, brain and leptomeninges. It is believed that the meninges are the seat of the earliest changes in the central nervous system, that the virus first invades the leptomeninges and extends thence, following the vascular prolongations of the pia, into the substances of the brain and cord. All the vessels of the cord are congested and their sheaths show an infiltration of round cells similar to and continuous with the perivascular infiltration of a pia mater. The infiltration is all of vascular origin; hence, because of a more liberal blood supply, the gray matter is more affected than the white, the anterior cornua more than the posterior, and the

cervical and lumbar regions more than other segments of the cord. The irregularity of the blood supply to the cord, therefore, is likely responsible for the irregularity in the distribution of the paralysis. The white substance of the cord shows less pathology than the gray matter, but infiltration of the vessel walls, edema and occasional small hemorrhages are among the changes noted.

Other parts of the nervous system, the medulla, cerebrum and nerves, show variable degrees of congestion, infiltration and degeneration, comparing in a general way with the changes found in the cord.

*Symptoms.*—The incubation period of acute poliomyelitis has been found to vary from three to forty-six days in monkeys inoculated for experimental purposes; the usual time, however, is from seven to fifteen days, while in epidemics in the human race the period of incubation has been found to be from two to ten days. Since this is a disease of early childhood the subjective symptoms are apt to be misleading or entirely wanting, and the objective symptoms are those of any of the acute infections, as tonsillitis, gastro-enteritis, meningitis, or any of the eruptive fevers. It, therefore, becomes apparent that in sporadic cases a diagnosis is not likely to be made until the loss of motion is in evidence.

The circulatory, digestive and respiratory disturbances and the rise in the temperature do not differ materially from those of any other acute infections except perhaps the clinical symptoms are exaggerated when compared to the pyrexia, which may not be more than 100 or 101, and in some cases there is no elevation of temperature. The prostration and nervous disturbance, however, should lead one to suspect the central nervous system. Evidence of pain is quite constant, but being made worse by moving the little patient, one is apt to mistake his case for one of acute rheumatism or neuritis.

The paralysis which takes place, in some cases immediately, in others after the acute fever has subsided, varies, of course, in proportion to the degree of infiltration and degeneration in the cord. Not all the muscles are affected at once, but certain groups, usually those of the lower extremities or in one leg and one arm, or both legs and one arm, and rarely all the extremities. I have in mind a case I had during the past summer in which the left arm showed paralysis three days before the left leg, which came next, to be followed in a day or so by the right leg. The extensor muscles are usually affected quite early, the tibialis anticus and the extensor longus becoming paralyzed; the characteristic toe-drop is the consequence.

*Treatment.*—Having determined, then, that we have a case of acute poliomyelitis, it becomes our first duty to institute proper prophylactic measures. The isolation, quarantine and general sanitary conditions would not differ materially from the regulations governing the management of any infectious disease. Just where the limit on quarantine should be placed is still a matter of conjecture, as Osgood

and Lucas (*Journal of the American Association*, February 18, 1911) reported experiments demonstrating that the nasal mucous membrane of two monkeys experimentally inoculated remained infected for six weeks and five and one-half months, respectively.

Regarding the treatment, I shall speak of the former practice of immobilization only to condemn it, believing that immobilizing a partly paralyzed leg would be conducive to further uselessness. My limited experience is that in the acute stage the patient will remain quiet, anyway. Also, that massage, manipulation, or the use of electricity will not be tolerated and are likely harmful until after the acute symptoms have subsided; and then when it can be done without producing pain, the various methods of physiological or mechanical therapeutics are of value. There can be no doubt about the value of the Faradic or high frequency currents, properly administered, in the restoration of function in the various degenerations of the nervous system. Likewise the administration of remedies is well divided into two periods, that for the acute period being different from the remedies called for in the restoration stage.

I shall not go into detail, since each case must be treated as the indications arise; but, in a general way, the early symptoms are apt to call for aconite, arnica, belladonna, rhus, conium, passiflora or macrotys. Urotropin for its antiseptic influence is no doubt an excellent remedy. Then there is our old friend in all cases where the resisting power of the blood stream is lowered or depraved; I refer to echinacea, and believe it of great value. In the restoration stage, in our efforts to re-establish function, we would think of nux, phytolacca, scutellaria, phosphoric acid, arsenicum and some of the lime preparations.

*Bibliography.*—The greater part of the pathology, history and statistics of this article are to be found in the Government Public Health Bulletin, No. 44, in which due credit is given the various authors and their experiments, and my indebtedness to the author, Dr. W. H. Frost, is hereby expressed.—Dr. A. W. Hobby, Sidney, Ohio, in *Eclectic Medical Journal*.

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### American College of Surgeons.

I read in the newspapers that each Fellow of the new American College of Surgeons, 1,060 of whom were elected by the board of regents at a recent meeting, must sign a pledge, as follows:

To avoid the sins of selfishness; to shun unwarranted publicity, dishonest money-seeking and commercialism as disgraceful to our profession; to refuse utterly all secret money trades with consultants and practitioners; to teach the patient his financial duty to the phy-

sician, and to urge the practitioner to obtain his reward from the patient openly.

In addition, the following statement was added:

The objects of the college, it was said, were to raise the standards of surgery in this country so that only competent men shall be allowed to practice. To accomplish this the board of regents will urge legislation requiring a supplementary degree as a requisite to practice surgery. This degree it is planned to grant to graduates of recognized colleges by the medical school to be established by the regents.

The effort to raise surgical standards, that will tend greater conservation of human life, is certainly laudable. Far be it from such as I to say, write or suggest anything that might, in the least thwart such action.

But the proposed methods, to me, smack loudly of "surgical trust" in the not distant future.

I do not aspire to do major surgery, believing that the hospital is the proper place for that, and by the hands of one in frequent contact with such work. But there are countless lesser operations which we of the common herd are thoroughly competent to perform.

It is our right, and we should tolerate no interference, nor permit it to be legislated away from us, as intimated in the clipping above quoted.

Note that this surgical degree is planned to be conferred by the surgical school to be established by the regents of this 1,060 elect and their ilk.

The man who takes the four-year course as now prescribed in all recognized colleges and follows up with a year's internship, must still come to this octopus, and if all is auspicious it will lay down the bars and bid him enter, to graze in pastures green. They will see to it that there is no crowding within the fold. Accomplished young surgeons are becoming a little too numerous for some of this gentry. Though I fully realize that our country's so-called best surgeons are in this new association, I do not hesitate to pass this judgment.

There are more than 100,000 general practitioners in the United States who will never have a look into surgical promised land. Behold what we, in theory, have come to! We are supposed to send our eye, ear, nose, throat, lung, heart, stomach and female cases, and so forth *ad nauseam*, each to its respective specialist. Last, but not least, the surgical cases to the F. A. C. S. Now, brethren, what is left for this grand army of 100,000 to subsist upon? Latest figures indicate that the average doctor's salary is only \$700 per



year. We are only fishers of men for these high classics, who rake in the tin while we slumber and sleep, so to speak.

Now let us see how this 1914 model F. A. C. S. is going to work. Dr. General Practitioner, you have for several days made frequent and irregular visits to an obscure case, at all hours of the 24, in all kinds of weather. You have made test after test, examined and re-examined; you have ransacked your library from top to bottom and finally arrived at a correct diagnosis. It is a surgical case. Dr. Eminent Surgeon, F. A. C. S. 1914 (don't omit the title), is called. He is that fellow who used to be your seat-mate in Squedunk Medical College, who used to pony off your exam. paper. But now he belongs to the elect. He comes out in his six-cylinder, and you drive out your mud-bespattered Nancy Hanks to meet with him. He picks from us what is wrong, looks wise, makes a deft and touching examination, and with his hand on our shoulder tells the family you were correct in your diagnosis, to make you feel good, for the worst is yet to come. He inquires of you concerning financial conditions, and being assured favorably, decides it is a case requiring immediate operation. We trundle the case away to the publicly-owned and charity-supported hospital, where Dr. E. S., F. A. C. S., proceeds to cut out a \$150 or \$200 fee. He permits us to drive our old nag home, collect our measly fee of \$15 or \$20, after he gets his, of course. Week after week this process goes on. We are as lumps of clay in the hands of the molder.

But suppose it is a case of pneumonia, a purely medical case. Does this Dr. E. S., the great and exclusive surgeon, refuse to come, saying, "No, I am a surgeon only; send for a medical man; send for Dr. X., the internist"? Oh, no, my dear Alphonso, be not deceived! It is not in him. He knows both medicine and surgery. While you, poor ignoramus, are only a plain internist. Do you get me?

You may not so much as lance an abscess or remove a toenail, should the above project mature, unless you are on the inside. And you may be assured that you won't be. Your place is with the goats. There you will abide forever.

Now there are some remedies in our hands. We should proceed to apply them as indicated.

In 90% of all cases the family doctor selects the consultant, when one is necessary.

First remedy then is to be given full strength, undiluted. Don't choose an F. A. C. S. man. That ought to hold them.

Second, on no account allow them to be called in medical cases, explaining to the patient that they are not internists, but surgeons.

Third, form a parallel school of therapeutics with a very



similar title to put after our name, as F. A. C. T. That's what it is—a deadly fact which threatens your bread and butter.

Be ye doers of the word, and not hearers only, deceiving yourselves.—T. F. Collins, M. D., Adamsville, Pa., in *Medical World*.

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### This Is Interesting.

The following quotation, taken from the preface of a leading allopathic text-book just off the press, reflects beyond question the feeling of therapeutic hopelessness pervading the dominant school of practice this day and should prove as instructive as it is frank and pitiful:

"He [the physician] may in a measure influence some diseases by his directions for the general care of the patient, but, as a rule, the patient dies or recovers irrespective of his therapeutic efforts, in so far at least as these efforts are based upon ancient empiricism. Typhoid fever patients still pursue the same course, which was so well described by the physicians of the medieval ages; our pneumonia death rate is still what it was when the earliest records on the subject were kept, and is virtually the same for the millionaire in his marble palace, surrounded by doctors and nurses, as for the tramp who is cared for by the roadside by his brother tramps. The 'virulence' of an epidemic of scarlatina or measles may vary, but our death rate, in the long run, is virtually the same. When actual progress has been made in the treatment of disease, such progress has been due, not to our therapeutic interference by means of drugs, but to a recognition, be it ever so slight, of those factors by which nature herself, unaided and at the same time unhampered by empirical drug treatment, seeks to accomplish that end. For, after all, the very thing which physicians have sought to accomplish in all the centuries that have passed, viz., the cure of disease; that very thing nature has accomplished by herself before our very eyes, countless millions of times. . . . The fact that nature does not cure all cases would of course be interpreted as an indication that the means at nature's command are, after all, not perfect. This is naturally a debatable point. So much, however, seems certain, that nature's ways, so far as we have become familiar with them, are the only specific ways along which progress seems possible, and that drug treatment, if it ever shall become of value, must start from a different basis."

It seems passing strange, but there actually are perfectly good people who insist upon employing allopathic physicians, both for themselves and for the helpless children who have been entrusted to their care, and whom they are supposed to be anxious to protect, in the face of the above open declaration of allopathic helplessness and inefficiency

by the very leaders in old school practice! Alas, for the fatalities of prejudice! The pity of it is that the innocent are made to suffer equally with the guilty.—*Medical Century*.

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### Renal Colic.

Nearly all cases of renal calculus suffer at some time from an attack of renal colic. The stone enters the ureter, and if it is small it is pushed along by the contraction of the ureter and passes down, finally dropping into the bladder, and is so gotten rid of. That is the case where there are only a few small uric acid crystals, or where the stone is very small. Of course, the passage of the calculus causes intense pain and the patient suffers a great deal. Renal colic, while it lasts, is one of the most painful affections we have to treat.

Renal colic does not always mean that the stone is passing through the ureter and the patient is going to get rid of it so easily, because very often the stone is larger and is forced by the muscular contractions into the mouth of the ureter and remains there setting up a sort of spasmodic action of the muscular fibers which gives rise to pain; then it drops back into the pelvis and the pain stops as suddenly as it began. The pain of renal colic is rather characteristic, depending upon which side the stone is located. There are always nausea and vomiting, and very often the pain is so intense that the patient goes into a state of collapse. His skin is cold and covered with sweat. Respiration is labored and he presents the symptoms of shock.

Sometimes, as a concomitant of renal colic, we have a complete suppression of urine from a reflex disturbance of the other kidney, which is secreting. Of course, the kidney which is blocked has the stone in it and the urine cannot pass out, and sometimes as a result of the disturbance in this kidney, we have the condition where one stops secreting because of the reflex action, and the other cannot secrete because of the stone blocking the ureter, causing complete anuria.

Sometimes another condition which gives rise to suppression of urine is extensive disease of the kidney. Take, for instance, a man with a stone in the kidney and a diseased kidney on the other side, due perhaps to renal calculus or pyelonephrosis. He has been living on this one kidney, and suddenly the stone blocks the ureter, the urine does not pass, the kidney shuts down and the man suffers from anuria until this condition is relieved; and then come the rare cases where there is only one kidney, either congenitally or else where a kidney has been removed by nephrectomy.

The length of the attack of renal colic is very varied. It may continue a few minutes or several hours, depending upon what the

stone does. If the calculus passes through and drops into the bladder the pain lasts for several hours; the stone is simply jammed in the ureter for only a few minutes.

Sometimes it happens that a stone enters the ureter and becomes lodged at some point, blocking off the ureter entirely and preventing the outflow of urine. The kidney goes on secreting just the same, but the consequence is that it becomes distended with urine, and the parenchyma becomes thin. That is the condition to which we give the name hydronephrosis. Hydronephrosis may give away suddenly as soon as the stone is dislodged, but usually when hydronephrosis takes place it means that the ureter is permanently blocked and generally requires a nephrectomy to relieve the condition.

Pain is almost invariably present, usually as a dull ache or as a sense of weight which is increased by pressure and also by exercise.—Dr. Henry H. Morton, in *Medical Times*.

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### A Scientific Antiseptic.

The value of an antiseptic lies in the power it has of preventing the development of bacteria without in any way injuring the protoplasm of the living tissues.

Such germicides as bichloride of mercury, carbolic acid, peroxide of hydrogen, etc., while undoubtedly destroying the bacteria, also have an injurious action on the living tissues, thus nullifying nature's efforts at repair.

Glyco-Thymoline is an example, par excellence, of an antiseptic which, while inhibiting the development of bacteria, aids in the process of natural repair and does not in any degree irritate the delicate protoplasm of the living tissues.

Glyco-Thymoline is a scientific combination based on the alkalinity and saline strength of normal blood serum. It is slightly anaesthetic, thus relieving the pain of inflamed mucous membranes. It is cleansing, and healing, in that it stimulates cell growth. When brought in contact with inflamed mucous membrane, Glyco-Thymoline by its exosmotic action relieves the engorged tissues of their exudate and by stimulating the local capillary circulation prevents a re-engorgement, thus tending to restore normality.

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### A Promising Agent in Gastro-Intestinal Disorders.

There is undoubtedly an intimate relationship between putrefactive changes in the alimentary canal, caused by the growth of harmful microbes, and disturbances of the general health, as of the digestive organs, the kidneys, the heart and blood-vessels, the brain and nervous system, etc. Intestinal antiseptics, it is believed, do not cleanse the

digestive tract of objectionable bacteria and poisonous substances resulting from their growth, nor is purgative medication effective. The bacillus bulgaricus, administered in the form of tablets, is said, on the other hand, to be notably efficacious in such conditions. It is asserted that these lactic-acid-producing bacilli, thus administered, survive for a long time in the intestine, multiplying and producing quantities of lactic acid, obstructing the growth of harmful micro-organisms and preventing disease.

Tablets of bacillus bulgaricus have given good results in the vomiting and diarrheas of infants, in diseases due to intestinal antointoxication, and in glycosuria and diabetes. They are prepared by Parke, Davis & Co., being supplied in vials of twenty-five tablets. The adult dose is one to three tablets, administered after meals for a period of three or four days, the treatment being repeated as clinical indications suggest.

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## Items

### ECHOES FROM THE STATE MEETING.

"Papa's" cabled greetings proved that he was with us in the spirit, if not in the flesh. We hope that he lost all his aches at Aix-les-Bains.

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Sturm launched his project over Niagara Falls, and with the usual result—remains found in the rapids below.

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Adlerman's re-election proved the adage that one good "term" deserves another.

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No "votes for women" at the State meet, they were all conspicuous by their absence.

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Moran was in his element: he took to the politicians like a duck takes to water.

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Some of us are sure that Toms is a close student of the life and works of Thomas B. Reed. He surely can shut out discussion!

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You can't change Lanzer's opinions, not even if you sue him for \$10,000. He's on a diet, perhaps that's the reason he thinks that half a loaf is better than none at all.

The agent for a good hair restorer would have made a fortune! Are so many of our members wicked, or are they merely wise?

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Heeve was not one of those who had to walk home. We learn he came back in a Pullman.

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Graf was at "high tension" all the time.

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We noticed Lanzer gaze cautiously around the hall before he started any discussion.

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It looked as though some one were trying for that \$40,000 Nobel peace prize. He certainly neutralized the harm in harmony.

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Sillo's "typewriters" should go to church.

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How we missed some of the old faces, in spite of the many new!

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Dr. Boskowitz returned from Europe on the 2d instant, and his numerous friends will be pleased to know that his health is very much improved. With the June issue the doctor will again take charge as editor of the REVIEW.

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Dr. Samuel A. Hardy has opened pleasant offices at 154 East 81st Street.

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Dr. Adolph A. Margolies, of Brooklyn, N. Y., recently died in the German Hospital of that city. He was a graduate of the Eclectic Medical College of the City of New York, in the class of 1883. He leaves a widow and six children.

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What is said to be the largest body of radium bearing ore ever found in this country is reported as having recently been discovered in Montana.

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There is a fine location in Monticello, New York, for an up-to-date Eclectic physician. The practice is well established, and can be largely increased. Write Dr. Alfred P. Schultz, Monticello, Sullivan County, New York, for particulars.



### Treatment of a Persistent Bronchial Irritation.

In the treatment of a persisting bronchial irritation which manifests itself by moderate secretion of mucus and by an annoying cough, Cord. Ext. Ol. Morrhuæ Comp. (Hagee) will be found of marked utility. It not only soothes the irritation, but increases the mucosa's power of resistance and thus enables it the more quickly to correct the underlying morbid condition.

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Dr. Dart informed his friends at the State Meeting that he would like to sell out, so he could retire and enjoy life. Here is a splendid opening for a bright young Eclectic, who is thoroughly up-to-date.

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The "Admiral" with all his men marched up the hill, and then marched down again.

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Owing to the difficulty of arranging the matter, the entire proceedings of the State Meeting could not be given in this issue of the REVIEW as promised last month.

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Under the auspices of the New York Branch of the American Pharmaceutical Association a joint meeting of physicians and pharmacists will be held on the evening of May 18th at 8 o'clock at the College of Pharmacy Building, 115 West 68th Street, New York City. The subject will be "Pharmacopoeial Revision." Professor Remington of Philadelphia, Chairman of the Committee of Revision, will lead the discussion. It is earnestly hoped that the medical profession will be largely represented. The discussion will certainly prove of vital interest to all physicians and pharmacists.

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### Postal Regulations.

Statement of Ownership, Management, &c.

In accordance with the provision of section 467½ of the postal laws and regulations the following statement is made for The Eclectic Review published monthly at New York, N. Y.

Editor, Business Manager, Publisher and Owner, George W. Boskowitz, M.D., 242 West 73rd Street, New York City.

This is a scientific publication. There are no bondholders or mortgagees, or other security holders.

(Signed) John W. Fyfe, M. D., Associate Editor.

Sworn to and subscribed before me this 19th day of March, 1914.

Frederick Bradley, Notary Public,

Fairfield County, Conn.

My commission expires February, 1916.

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# THE ECLECTIC REVIEW

GEORGE W. BOSKOWITZ, M. D., Editor.

JOHN W. FYFE, M. D., Associate Editor.

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NEW YORK, JUNE 15, 1914.

No. 6.

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## The National at Indianapolis.

The National Association will hold its meeting at Indianapolis, Ind., on the 16, 17, 18 and 19 of this month. Have you arranged to attend?

Everyone who believes in liberal medicine and Eclectic principles should make it his personal and particular business to be present at this meeting for a number of good reasons.

The meeting place, Indianapolis, is situated most conveniently. The states having the largest number of our practioners are close by.

The programme arranged by President Glenn is sure to be instructive, interesting as well as entertaining and the Indiana State Society will see to it that you are properly amused.

We have most pleasant memories of former meetings in this most hospitable state and we can therefore assure you that the social side will not be neglected: and my dear eclectic friends, let me say to you that this meeting should receive your support, advice and council for another reason, namely, that it cannot continue to protect you and the members that stay at home and find fault as it has for many years. Criticism it does not object to. Attend the meeting, ascertain and realize the situation which as a school of medicine we occupy today, then criticise and advise.

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## Hints and Winnowings.

**The mortality of infants** was the subject of a recent article by Dr. Henry Kopik, of New York, in which he said that of 66,527 deaths of all kinds in this city, there were 2,732 deaths of infants in the first four weeks of life, or 4.1 per cent. of all births. That was in round numbers one infant in every 25 died before the end of the first month of life. On the face of it that was not so bad a record until it was

compared with the mean mortality of infants below one year of age. When this was investigated the rather startling record was found that fully 33.2 per cent. of the deaths occurred before the first four weeks of life were completed. In discussing the causes of death Dr. Koplik said that one was particularly impressed with the fact that of the vast number of infants dying the first four weeks of life fully 60 per cent. died as a result of neglect, ignorance, and the surroundings of poverty. Many infants were adjudged weak when worn out by incorrect feeding and inanition which could well be saved by care from the first moment after birth. The greatest mortality was shown in the first week of life, and Dr. Koplik suggested that it was doubtful whether the average physician, outside of institutions, had attained the skill that he was expected to have at the present day. In connection with artificial feeding, he was of opinion that infants died not so much as a result of it as on account of the widespread ignorance and even indifference in carrying out the methods of artificial feeding.

**Transfusion of blood**, said Dr. A. L. Saresti, of New York, in an interesting paper, has often been abused, and in many cases not properly perfected. He had collected 649 cases in which transfusion had been resorted to, and 351 of those were failures. Miraculous results had been obtained by transfusion, and where there were failures these were generally due to transfusion being resorted to too late. If they could buy blood as they bought drugs, and give it specifically, it would be the thing to use, but as it was they could only utilize it in cases where no other means would do. With people who had been starved for certain diseases, and were undergoing surgical operations, transfusion of blood had produced marvellous results. The operation of transfusion was in these cases performed during the surgical operation, so that the patients did not feel the shock from the loss of blood.

**A new life prolonger**, to be known as the "Life Extension Institute," is headed by former President William H. Taft, Prof. Irving Fisher and a few other prominent men. This "Institute" promises to give all applicants, for the sum of three dollars per annum, an annual letter based on answers to a question blank, together with semi-annual examination of the urine, for five dollars, monthly letters on health, the initial letter of advice, the same urinalysis and in addition, a thorough physical examination. Special arrangements may be made with lodges, clubs, etc., at reduced rates.

An annual letter based on answers to a question blank, semi-annual examinations of urine, a monthly letter on the care of health, and a thorough physical examination, for the enormous sum of *five dollars!* As this work must necessarily be done by a regularly graduated and licensed physician, it would be interesting to know just how large a fee this "Institute" is to pay for the service required. It is surely evident that it has a very low opinion of the medical profession.

We all know that Mr. Taft is a lover of mankind in general, and that he has a heart overflowing with kindness, but even so it is not easy to understand how a certain class of self-appointed guardians of the human race could have induced a former President of the United States to allow his name to be used as the head of an "Institute" intended to enter into direct competition with practitioners of medicine.

**"Falling asleep"** is the term used by Professor Crile, the eminent surgeon, when speaking to his patients of anæsthesia. The doctor and his assistants try to so conduct their operations that no aggravation at all reaches the brain. The patient "went to sleep" in his own bed, and was then taken to the operating room. After the operation was finished they put the bandages on under anæsthesia as comfortably as possible, and sent the patient back to his bed still under anæsthesia. The patient woke up in his own bed with the surroundings exactly the same as when he went to sleep. If they had done their work carefully then at the end of the operation the patient's pulse would not have been changed. If the surgeon did his work well the patient would go through the operation on a dead level. It was what the surgeon did to frighten the patient that was the trouble.

**Shinbone strips** have recently been employed in the treatment of injuries to the spine and skull. Operations of this character are being performed at the New York Postgraduate Hospital. One patient was cured of spinal curvature by the insertion of a 10-inch strip of shinbone. Another patient who, when a baby, had his skull fractured, and had been a constant sufferer, was entirely relieved by the insertion of a piece of shinbone. Our American surgeons are surely going some, but it might be interesting to learn the condition of the persons treated after the lapse of a year or more.

**Incipient tuberculosis**, it is asserted by Dr. Edward Gudeman, may be cured by breathing the fumes of sulphurous acid. In an address Dr. Gudeman said that while this fact had been known for some time to certain physicians, yet the demonstration had not advanced far enough to make it wise to publicly announce the results until the present time.

**Inherited syphilis** may be readily diagnosed if one calls to mind the group of symptoms known as Hutchinson's triad, which consists of pegged teeth, interstitial keratitis and deafness, or disease of the middle ear. The pegged teeth are absolutely characteristic of inherited syphilis.

FYFE.

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For the convenience of its many patrons the Neel-Armstrong Company, manufacturers of oxyolene and ozone apparatus, have opened a branch office, 2017 Fifth Ave., New York City.



**Original Articles****A Note on Some Uses of Iodoform.**

BY H. S. DRAYTON, M.D.

It is becoming to say that the reader of the Eclectic Review finds its contents generally notable for their practical character, and, therefore, to the busy medical man its monthly comings are welcome since in the brief interval of leisure that he can grasp to scan its contents he may glean suggestions of value for employment in his practice. Elaborate essays on methods in biological research and laboratory experiment by experienced students of pathology are interesting but require the leisure of the physician whose time is largely at his command, but it goes without saying that the average practitioner welcomes the brief and well digested conclusions of intelligent clinical study that he may add to his stock of practical information concerning the treatment of forms of disease that he is called upon daily to consider.

The reader may take this prelude as a semi-apology for what follows as it is a brief statement of personal experience in a line of therapeutics with which he is probably familiar, and may be but confirmatory of his own observations. To whom the credit should be given for the first use of the solution that is the *pièce de résistance* of this brief paper I am not ready to say. It has been intimated that the late Dr. Elsberg was among the early introducers of it in his treatment of throat maladies, but whether or not he obtained results of the same type as those of the writer, and others among the medical acquaintances of the writer, have obtained, it has not been my opportunity to learn. Of the properties of iodoform the profession has been well acquainted for years, especially in its application to surgical dressings and skin lesions. There are later antiseptics, some modifications of iodoform, as iodol, aristol, and surophus, which have their advocates, and which serve a good purpose, yet I will frankly confess that with a good preparation of iodoform I am content as yet; the others have not met my full expectations in the way of possessing advantage over Iodoform.

In throat diseases involving acute or chronic inflammations of the pharyngeal membrane, the tonsillar and post nasal tissues, and in inflammatory conditions of the mouth I have found iodoform in solution with sulphuric ether to be very efficient. Free applications by the cotton swab allay the pain and soreness of acute congestion and promote normal mucoid excretion reducing the fulness and relieving the pressure on the capillaries.

In several cases of chronic pharyngitis and post-nasal catarrh

where the follicles were greatly enlarged and the epithelial layers thickened so as to obstruct the eustachian menti and cause deafness, the etheric solution has often brought improvement so quickly as to astonish patients. One case occurs to remembrance that seems worth a reference in this connection. An artist, Mr. C., came to my clinic in Bellevue with a history of catarrhal trouble for several years, and also of increasing deafness—with noises in the head. For the latter he had been treated by ear specialists of Boston and New York without favorable result. In fact, he had been assured that his case was beyond remedy. Examinations showed rhinitis atrophica with chronic follicular pharyngitis. The nasal trouble had maintained a sub-acute inflammation of the mucosa in the roof of the pharynx and on the posterior pillars, while the soft palate was much thickened. There was also a cushion-like state of the tissue surrounding the eustachian entrances so that their openings were completely blocked. After carefully washing out the nasal meati, and mopping the same anteriorly and posteriorly with dry cotton an application was made of the iodoform solution to the pharyngeal walls at the region of the eustachians. A few minutes later the patient clapped his hand to the right ear saying, "I felt something give way, and the roaring seems to have stopped in that ear."

I spoke to him in my ordinary tone and he answered, "I can hear what you say." He was ordered a nasal lotion to be used twice a day.

When this patient came again he reported that he had been experiencing a series of alternations of deafness and hearing; the noises in his ears, one side or the other, would cease altogether for a time, and then be renewed, but he felt greatly encouraged to think that his condition was much improved. The application of iodoform and ether was repeated, for the pharyngeal vault showed a marked reduction of the hypertrophy, and other mouth conditions of improvement were seen on examination.

In those recurrent attacks of tonsillitis characterized with much tumefaction and suppurative tendencies, but of a nature that renders incision of doubtful expediency I have found this preparation of high value. It need not be added that in catarrhal ulceration good results have been also obtained.

A severe case of sore mouth came under my notice. It had been persistent for a year or more with variations of intensity: alkaline and sedative lotions, and an occasional prescription for internal use were tried, but afforded only temporary relief. As the patient wore false teeth, I suggested that the trouble might be due to them, but was assured that the inflammation kept up as much without the dentine as with it. Noting that the eyes of the lady were congested, I also sug-

gested that her glasses, if ill-fitting, might have something to do with the trouble, as a glosso-pharyngeal, or inferior maxillary reflex from defective refraction. Some of our oculists, I think, are rather persistent in their diagnoses of certain mouth causes of eye strain that appear to the average pathologist, as rather speculative. But here again the patient insisted that there was no ground for accusation. Well, I used a mild antiseptic lotion with a sedative element in its composition,—cocaine, as you doctors will readily surmise, but the application afforded temporary relief only. Then I resorted to the iodoform and ether, with the happy sequence of so reducing the inflammation that the patient reported after a few weeks' experience of the treatment a great improvement in the general feeling of her mouth, and examination showed an almost entire subsidence of the inflammation and swelling. I have not, however, parted with the impression that the false teeth were in some way related to the cause of the irritation of gum and membrane. In teethache and gingival swelling, due to ulceration at the root, the same preparation has repeatedly proved its efficacy in reducing pain and tumefaction.

With regard to the therapeutical process, by which the medication which has been considered operates, it is scarcely necessary to add more than a word or two, as the readers of the REVIEW are familiar with the antiseptic properties of iodoform, and recognize its high value as a destructive agent of many microbic forms that are productive of malignant disease, both internal and external. Latterly, iodine compositions have advanced much in the estimation of our profession and are finding a wider field of uses than formerly. As for the sulphuric ether its potency as a sedative and refrigerant, in combination with iodoform powder, comes into effective play, reducing the irritability of hypersensitive parts and at the same time contracting the capillaries and forcing the turgid membrane to throw off excessive secretion.

In preparing the remedy, I have used the proportions of one-half to one drachm of the fresh iodoform to one ounce of sulphuric ether—the applications being usually made with an applicator armed with absorbent cotton, a few drops of the mixture being used at a time.

Jersey City, N. J.

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#### Conditions of Reduced Vitality.

It is especially in states of lowered vitality following continued application of whatsoever character marked by loss in bodily strength and nervous force, that Cord. Ext. Ol. Morrhuæ Comp. (Hagee) is of more than ordinary value. It is not alone a tissue food, but also serves as a nerve tonic. A distinctive feature possessed by the cordial is its palatability, an advantage appreciated particularly by women and children.

**"The Blues" due to Sexual Disturbances in the Female.**

Read at the 54th annual meeting of the Eclectic Medical Society of the State of New York, held in Albany, N. Y., March 25 and 26, 1914.

BY M. B. PEARLSTEIN, M.D.

In presenting this subject for your consideration, it is my aim to point out certain facts which, because of their delicate nature, the attending physician disregards; thus overlooking some of the most important etiological factors of Sexual Neurasthenia and its kindred nervous disorders.

The object of nature in the creation of sexes is the continuance of the race,—and the fulfilment therefore of a woman's destiny is completed by marriage. Nature resents any interference with her laws by causing Atrophy in organs which are neglectful of their functions.

While it is true that single women escape pregnancy and labor yet they suffer in many instances from certain conditions resulting from celibacy. Various growths of the uterus, its adnexa or both are not infrequently found among the single women, particularly around and about the stage of menopause.

The intimate and profound relation of the tractus-nervosus to the tractus-genitalis in woman, demands that a Gynecologist must be a physician of comprehension and knowledge, ever seeking the cause of trouble, as simple and trifling as it may seem; for is it not true that what may seem very trifling at first, may be of the utmost importance later on.

"The Blues" may be defined as a condition of depression in spirits, melancholia or despondency and is characterized by attacks of depression which come on spontaneously, often times without any apparent cause; may last from a couple of hours to a day or two,—and depart gradually or mysteriously.

"The Blues" may be defined as a condition of depression in being of short duration, they are sometimes spoken of technically as attacks of Acute Neurasthenia.

**Causes and Symptoms:**—In young unmarried women;—Masturbation, Long engagements when—for financial or other reasons, their marriages are indefinitely postponed. Love making is much responsible for sexual engorgements, which are productive of headache, backache, leucorrhea, menstrual irregularities and general debility. Sexual dreams are often times productive of a fit of the "Blues." Tangos and other so called up to date fancy dancing, on account of bodily proximity, may be productive of sexual stimulation and its sequelae. Likewise the mode of dress (formal and informal), such as decolette, bare arms and split skirts, by attracting special attention of the opposite sex, will often times reflex back to

•



woman sexually. The so called sex-hygiene productions on the stage, which by the way are too numerous to mention have given many a woman the "Blues."

Nymphomania, where the mind is being continually centered upon sexual matters is productive of abnormal irritation and excessive secretions. This condition eventually effects the mind, causing depression of spirits and general distress—and is manifested by facial expression, which is one of shame and dejection. The patient will not look any one in the eye and is reluctant to admit her symptoms or to confess her fault, even to her physician. The attention being centered upon sexual matters, external matters are thus neglected or not remembered and she usually complains of inability to work.

In the married or those that are supposed to be married, unnatural or awkward coition, such as withdrawal, the use of condoms, prolongation of the act and vulvar or clitoris friction; unsatisfied impulses, interrupted or incomplete coition are productive of local irritations which in turn are responsible for the "Blues" and eventually for sexual or general neurasthenia.

Dyspareunia, varies from a slight discomfort, to pain so severe as to make coition unbearable,—and often times results in sexual slavery on the part of the woman. The causes of Dyspareunia are: Imperforated hymen, organic or spasmodic stenosis of vaginal orifice; severe pain on attempted intercourse due to inflammation about the external genitals or within the pelvis, simple inflamed abrasions about the vulva or vaginal orifice, venereal sores, gonorrheal inflammation, inflammatory lesions around the uterus, bladder or rectum, retro-displacements of the uterus, growths, etc. I mentioned Dyspareunia because not infrequently serious domestic unhappiness results when pain, mechanical obstruction or both prevent or interfere with coition.

Sexual intercourse, when followed by a feeling of well being, is healthful, but if, on the contrary, it is followed by depression of marked degree, the act is harmful.

If a woman has no desire for intercourse and no satisfaction in its completion, she is sure to regard the fact as the cause of her disappointments in other social things in life.

Kelly (Kelly Medical Gynecology), cites a case of sexual neurasthenia in a beautiful girl, who refused throughout some 15 years of married life, to allow her aged husband to touch her, on account of awkward manner of approach.

Operative procedure for uterine growths or the removal of an ovary, will often times increase the sexual appetite, because the woman is usually restored to health by means of the operation and



she no longer suffers from pelvic tenderness and painful coition; whereas double cöphorectomy tends to destroy the sexual appetite.

When the stage of menopause is reached in cases of sexual neurasthenia, the so called "Blues" gets a strong hold of the patient and visits her at more frequent intervals and with longer duration,—and is frequently accompanied by various other nervous phenomena.

**Treatment:** Not much need be said about that, except to emphasise the absolute necessity of removing the cause of whatever nature it may be. When nervous exhaustion has been produced by over use of any one organ or organs, absolute rest of such organ is a primary necessity. Thus, when there has been sexual excess, absolute avoidance of use of the sexual organs must be enjoined,—and to do so, it is often essential to insist upon man and wife occupying distinct apartments or even to separate them by a journey.

I welcome a thorough discussion on this, a most important subject—and I believe, of interest to all.

309 Hewes St., Brooklyn.

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#### Letter From Prof. John Uri Lloyd.

DR. GEO. W. BOSKOWITZ, Editor,

*The Eclectic Review*,

242 W. 73d Street,

New York, N. Y.

My dear Dr. Boskowitz:

By mail this day I am sending you a souvenir of "The Old Seven," faculty of the Eclectic Medical Institute, as explained in the announcement accompanying same.

These I propose to present to our friends, and I especially desire that no pupil of the "Old Institute" be neglected.

If you can, therefore, make this announcement in your next issue, I feel sure the same will be generally appreciated. To this I will add that I am not restricting the souvenir to graduates and pupils of our College. As long as the supply lasts, complete sets will be presented to all applicants.

May I not hope that these prints will bring to one and all of the recipients pleasurable recollections of faces no longer among us.

With my kindest regards and best wishes I am,

Sincerely yours,

John Uri Lloyd.

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Subscribers desiring a copy of the *Fathers of Eclecticism* can be accommodated by writing to the Review office and enclosing ten cents.

**Items From the Field of Neurology.**

BY THEODORE D. ADLERMAN, A. B., M.D.

Recoveries from insanity should be viewed with some suspicion in most cases. What would be considered recovery in one case would not and could not be in another. Saying otherwise—as insanity is a departure from one's normal mentality—we can not consider a case recovered till he is restored to his own peculiar mental condition—providing his original state was a perfectly normal one.

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A man was observed not long ago throwing his clothes out of his window in one of the leading New York hotels. This is a peculiar symptom of insanity and displays itself in certain insane cases, and they not only divest their bodies of personal clothing, but clear out their rooms of everything in them. It suggests an apprehension of a psychic character.

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The simple determination of the presence of chorea is an easy matter in all cases, for it is scarcely possible that chorea could be confused with any other affection if the attending physician is acquainted with the motor disturbances of paralysis agitans, tetany, or disseminated sclerosis. But in some cases it may be a difficult matter to differentiate chorea from athetosis.

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Idiopathic athetosis may even merge into chorea, and this will bring up the question if it is advisable to develop separation of the two affections.

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The movements of athetosis, however, are not as unlimited, hasty and atypical as those found in chorea, nor do they occur in connection with intended movements.

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The records giving the frequency of puerperal insanities are of quite some interest. In the United States in 1860 among 11,762 insane women, 1,050 were suffering from an insanity which had begun at some time during the puerperal period—or a proportion of 8.92 per cent. of all insane females. The statistics of New York State hospitals from October 1, 1888, to September 1, 1895, show that there were admitted to several hospitals 427 cases of puerperal insanity among 8,791 insane women, or a proportion of 4.85 per cent. From this we can readily see that puerperal insanities are on the decrease.

Next to the hallucinatory confusional insanity, the melancholias are the most frequent parturient psychoses and in these I found the hereditary predisposition to be a prominent factor. The ordinary causes of melancholia are anaemic conditions, cachexias, anxiety, fear of death and such other incidental causes.

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In a study of 296 cases of Dementia praecox, Kraepelin found that 60 per cent. began before the 25th year, heredity was noted in 70 per cent. of the cases, physical stigmata of degeneration were also frequently observed. In ten per cent. of the cases the development of Dementia praecox was preceded by such diseases as typhoid fever, scarlet fever, etc. (in my estimation little or no value should be attached to this particular point). Alcohol seems to have no place as a cause in the production of Dementia praecox. There can be no question that in this disease we have to deal with an actual chemical injury to the cortical cells, nor must we lose sight of the fact that the different processes going on in the sexual organs have more to do with the production of Dementia praecox than any other cause.

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Hysterical fever is a peculiar one. It may be continued, remittent, intermittent, and seems to be mostly found in the female cases of hysteria. The temperature may run up to 106—and I have seen them run even higher. Frequent urination is present in most of these cases.

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Piolett tabulates 48 cases of cerebellar tumor surgically removed. In 20 cases death followed some weeks after, in four cases improvement was noticed, and one case was cured.

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Lead palsy has its own peculiar cerebral disorder. In some cases we find an acute mania, and a condition resembling general paresis, but devoid of the expansiveness of the true parietic dementia. Delirium, convulsions, hemiplegia are also frequently found in plumbism.

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Hypochondria resembles melancholia and may lead to it. The hypochondriac is always looking for symptoms of disease, he exaggerates any abnormal sensation which he may have. But as long as he is not affected in his relation to his family, business—and has no actual delusions he cannot be considered insane.

910 St. John's Place, Brooklyn.

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The building at 239 East 14th St., can be bought for a very reasonable figure.

## **Materia Medica and Therapeutics**

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to  
DR. J. W. FYFE, Saugatuck, Conn.

### **Drugs and the Circulation.**

Eclectics—specific medicationists—as is well known, have remedies that influence the circulation directly, giving a free and equal circulation of the blood, but they are active poisons in large doses, and death occurs in all by cardiac syncope. In the cases of digitalis, gelsemium, lobelia and veratrum, extreme slowness of the pulse is a prominent symptom of their poisonous action. In the case of aconite extreme frequency of the pulse is produced by its poisonous action.

In the small medicinal doses employed by Eclectics, the influence of the remedies named is that of a cardiac stimulant, and is undoubtedly through the sympathetic system of nerves, which controls the entire circulation of the blood—the action of the heart and all the blood vessels to the most minute capillary. This influence removes obstruction to the free circulation of the blood, as well as giving power to the heart and muscular fiber of the arteries. As obstruction to the free circulation is removed it requires less effort to move the blood, and as the power of moving the blood is increased there is less frequency of contraction upon the part of the heart.

### **Eclectic Treatment of Syphilis.**

Under the above caption, Dr. N. M. Dewees, of Cambridge, Ohio, in writing to the *Eclectic Medical Journal*, presents an article of interest to all physicians who realize and fully comprehend the deadly importance of the devastation now being made by the loathsome disease to which he refers. The doctor sums up his treatment as follows:

“Give specific medicine iris, two to four drachms, simple syrup q. s., ounces, eight; mix; dose, a teaspoonful before meals and at bedtime. If the skin is affected, add to the iris solution specific medicine rumex, one to two ounces. If the mucous membranes are involved, one or two ounces of specific medicine stillingia is added. If the lymphatics enlarge, two to four drachms of specific medicine phytolacca are added.

“To make the medicine more palatable, two drops of oil of peppermint, or five drops of oil of sassafras may be added. If the patient complains of dizziness, despondency, aside from the other treatment, give pulsatilla, one drachm, water, four ounces; a teaspoonful every three hours. If the function of the heart is disturbed, the patient feels like he would go insane, give specific medicine cactus, one drachm, water, four ounces; a teaspoonful every three hours.

"If the tissues are dark and of a purplish color, give specific medicine baptisia, half a drachm, water, four ounces; teaspoonful every three hours. If improvement does not promptly follow, increase the dose. For a cadaveric odor from any part of the body, give ten grains of chlorate of potash in a fourth glass of water every four hours. Three or four doses will be all that is necessary. If the tongue is broad and pallid, loaded with a heavy, pasty, dirty coat, give sulphite of soda, thirty grains in half glass water every four hours.

"If the tongue is broad and pallid, inclined to ulcerate, tissues of the mouth pallid, give specific medicine alnus, one drachm, water, four ounces, a teaspoonful every four hours, in connection with the sulphite of soda. If the tongue is red, feels like it was scalded, give dilute hydrochloric acid, one or two drachms in four ounces of water; a teaspoonful of this solution in half glass of water three or four times a day.

"Give elixir podophyllum, a teaspoonful once or twice a day, or enough to keep the bowels in an active condition. Instruct the patient to keep ulcers clean, using a solution of boric acid at least once a day.

"With this treatment you can confidently promise your patient that he will not lose his hair and eyebrows, and that if continued for a year he will come out without a blemish. If the case is one of long standing, where destructive change has taken place in any of the vital organs, we will not promise this much.

"I have treated many patients for this disease who have recovered, married, and have offspring, and there is no trace of the former trouble anywhere to be seen."

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### Glyconda.

In the treatment of diseases peculiar to the Summer season, this improved form of the old Eclectic Neutralizing Cordial is a very efficient, as well as a frequently indicated remedial agent. It may be prescribed in combination with other indicated drugs, but as a rule I prefer to employ it in alternation with such other remedies as may be needed. A very good combination, however, may be made as follows:

R Specific Aconite;  
Specific Ipecac aagtt. v;  
Glyconda, ʒii;  
Water, q.s. ʒiv.

M. Sig. Teaspoonful every two hours.

I employ glyconda in all cases of diarrhea in which there is evidence of acidity, and in all such cases it has given me the most gratifying results. While the preparation is far from being unpleasant, either in taste or odor, still a few drops of peppermint added to each prescription will prove pleasing to the patient. With me the dose of



glyconda is from one drop to two drachms every two hours, according to the age and condition of the patient.

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#### **Calendula Officinalis.**

The leaves and flowers of this common garden herb yield a medicine that has always been employed by Eclectic and Homeopathic physicians with satisfactory results, especially in wrongs of life characterized by enfeebled conditions of the capillary blood vessels.

Calendula, however, is most frequently employed as an application to ulcers and wounds. Many skilful physicians regard it as one of our most valuable applications for lacerated wounds, and claim that when it is kept constantly applied gangrene never occurs in such injuries. When applied to a wound there is seldom any suppuration, the wound healing by first intention. As an application the specific medicine should be largely diluted with water. In this diluted form it has been successfully used as an injection in both vaginal and uterine leucorrhea. Burns dressed by applying muslin cloth saturated with diluted calendula night and morning are speedily healed. The cloth should be kept constantly saturated with the medicament.

The dose of specific calendula (or a good fluid extract) is 20 to 30 drops, but it may be efficiently employed as follows:  $\mathcal{R}$  Calendula,  $\mathfrak{ss}$ ; water,  $\mathfrak{ss}$ iv. Teaspoonful every two hours.

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#### **Creta Praeparata.**

This form of the carbonate of lime is known as prepared chalk. Prepared chalk is a valuable antacid, and as such is extensively used in the bowel complaints of children arising from the existence of acid in the alimentary canal. In the diarrhea of children it constitutes a superior medicament.

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#### **Effects of Salvarsan.**

In order that fuller information may be gained as to the effect of Salvarsan, Dr. Dreuw, of Berlin, Germany, has undertaken the collection of statistics covering cases of blindness, deafness, convulsions, paralysis, etc., and of death following the injection of the drug, and he asks that physicians using it send to him reports of all such cases. Such reports will be kept entirely confidential. Dr. Dreuw believes that many cases of serious or fatal consequences following the use of Salvarsan have not been reported, and that the present literature is, therefore, too inadequate to serve as a basis for conclusions as to the value of the treatment. He hopes to receive the support of physicians in the collection of these statistics, and asks that reports be addressed to Dr. Med. Dreuw, Berlin, Potsdamerstrasse, 31 a, Germany.

## Society Meetings

### SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Indianapolis, Ind., June 16-19, 1914. W. S. Glenn, M.D., State College, Penn., president; W. P. Best, M.D., Indianapolis, secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1915. R. A. Toms, M.D., president; T. D. Adlerman, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month. D. Alperin, M.D., president; A. S. Gombar, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month. John Birkenhauer, M.D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton street, Brooklyn. Theodore Adlerman, M.D., president; A. B. Wolf, M.D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes street, Brooklyn. A. B. Wolf, M.D., secretary.

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### Extracts From the Minutes of the Medical Society of the State of New York.

#### MINUTES

of

The fifty-fourth annual meeting of the Eclectic Medical Society of the State of New York, held in the Council Chamber, City Hall, Albany, March 25 and 26, 1914.

#### *First Day.*

#### Morning Session.

Owing to the absence of the President, the meeting was called to order at 10 A. M. by the 1st Vice-President, R. A. Toms, M.D., Theodore Davis Adlerman, M.D., Secretary recording.

The secretary announced that a quorum was present, and the meeting was declared open for the transaction of business.

The minutes of the fifty-third meeting, were unanimously adopted as printed.

The credentials of the following auxiliary societies were presented and referred to the Board of Censors:

Albany and Saratoga District.

Central New York Society.

Eclectic Medical Society of the City and County of New York.

Kings County Eclectic Medical Society.

Western New York Medical Society.

The following propositions were also received and referred to the Board of Censors:

Julius Goldsmith, M.D., J. E. Burris, M.D., L. Lamberti, M.D., Jos. Lebenstein, M.D., L. Cohen, M.D., A. Genn, M.D., Max Minkoff, M.D., A. M. Liebsstein, M.D., J. J. Van Horn, M.D., D. N. Bulson, M.D., F. Di Leo, M.D., J. H. Watson, M.D., F. A. Pitkin, M.D.

There being some members of the Board of Censors absent, the president made appointments to fill the vacancies, so that the board stood as follows:

Dr. G. W. Thompson, Dr. W. L. Heever, Dr. H. Stoerser, Dr. H. J. Terpenning, Dr. H. S. Blackfan, Dr. F. A. W. Rivett, Dr. W. S. Dart, Dr. E. H. King.

The Secretary then presented the following report of work during the year:

Mr. President, fellow officers and members of the Eclectic Medical Society of the State of New York: In presenting this annual report to you as Secretary and State Organizer, it is my intention to outline the work done during the year, to state the results, and to draw your attention to one or two deductions, which in my opinion, deserve consideration on your part, and on which some action should be taken by the Society.

During the past year your Secretary and State Organizer has been in constant communication with nearly all the members of the State Society, as well as with many Eclectic physicians residing in New York State, but not as yet affiliated with the State Society.

During this past year your Secretary has written 763 letters and 152 postal cards to members and non-members.

During this same year, I have made 36 personal visits to Eclectic physicians who are not members of your Society, with the result that I obtained and proposed 12 new members in the New York City and Kings County Societies, thereby adding, as a result of personal solicitation twelve new members to your State Society.

The deduction therefrom is easily and readily to be seen: personal solicitations for membership give good results. I am bringing this to your special attention for the following reason: In the cities of Rochester and Syracuse there are enough Eclectic physicians to form a good local county society, while an appreciable addition to the State Society would be made, were they to join the State Society directly. Your State Organizer would therefore be justified in making a personal visit to both those cities.

During this last year we lost five members by death: Dr. M. C. Belknapp, Dr. O. A. Hyde, Dr. O. W. Sutton, Dr. G. E. Holmberg, and Dr. R. V. Pierce.

## FINANCIAL REPORT

Income		Disbursements.	
(March 27, 1913 to March 25, 1914)		(March 27, 1913 to March 25, 1914)	
Received from		Paid to	
Dr. G. R. Thompson.....	\$300.00	Dr. Best, National dues....	\$314.00
Dr. C. W. Brandenburg..	3.00	For telegrams .....	2.17
Dr. W. H. Hawley.....	3.00	" Postage on letters....	20.93
Dr. J. H. Westcott.....	3.00	" Express on trunk.....	1.98
Dr. C. T. Guillaume.....	3.00	" Express on books from	
Dr. R. A. Hill.....	3.00	College .....	.80
Dr. C. C. Wakefield .....	3.00	" Express on minutes...	.25
Dr. W. S. Dart.....	3.00	" Charges on checks....	.60
Rec'd for adver. in Program	122.00	" Printing 200 letters...	2.00
		" Printing 250 programs	14.60
		" 'Phones, carfare, etc...	.50
		" One book for Society.	.25
		" 150 postal cards and	
		printing .....	2.50
		" 25 letters on Seeley bill	.50
	\$443.00		\$361.08
Remitted to Treasurer \$81.92 and receipt taken therefor.			

March 25, 1914			March 25, 1914	
	State	Natl.	To the Eclectic Review for	
West. N. Y. Med. Soc'y...	\$18	\$36	printing minutes .....	\$8.00
Ec. Med. Soc. C. & C. N. Y	69	138	Secretary's salary .....	50.00
Kings C'ty Ecl. Med. Soc.	27	54	Organizer's salary .....	25.00
Albany, Saratoga District.	5	10	Expenses State meeting....	10.00
Central New York.....	5	10	American Express Co.....	.55
Dr. H. N. Waite.....	1	..	Cable to Dr. Boskowitz....	3.10
Dr. W. S. Dart.....	1	2	Donation to Sup. City Hall.	10.00
Dr. R. A. Toms.....	1	2		
	\$127	\$252		\$106.65

The report of the Secretary was discussed by Dr. Toms, Dr. Rowe, Dr. Heeve, Dr. Pearlstien and Dr. Wolf. Motion that report be accepted and the recommendations as made in the report be adopted, and the Secretary be allowed the necessary money (\$29.36) to visit Rochester and Syracuse. Motion carried by unanimous vote.

On motion, the financial report and bills were referred to the auditing committee and ordered paid if found correct. Moved by Dr. Adlerman that the 50 dollars presented by him to the Society, 3 years ago as prize money be transferred to the general funds of the Society. Motion amended by Dr. Heeve that the 50 dollars be added to the \$29.36 allowed to the State Organizer and that the combined money be spent in visiting any other cities in the States selected by the Organizer, to obtain new members. Amendment accepted by mover, and carried by unanimous vote.

The Treasurer submitted the following report :

Brooklyn, N. Y., March 25, 1914.

As Treasurer of the Eclectic Medical Society of the State of New York, for the year just come to a close, I desire to make the following report.

Balance on hand March 26, 1913 .....	\$82.23
May 31—Received from Secretary Thompson.....	27.02
March 25, 1914—Received for advertising in programme.....	81.92
	<hr/>
	\$191.17

Expenditures :

July 25, 1913—To Hamilton Press .....	\$3.50
July 25, 1913—Secretary Adlerman, printing.....	8.75
Oct. 31, 1913—Keeping account in bank .....	3.00    15.25

Balance in Treasury .....	\$175.92
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Respectfully submitted,

M. B. Pearlstien, M.D.,

Treasurer.

The President then appointed the following Committees :

*Auditing Committee.*

Dr. A. B. Wolf, Chairman

Dr. C. B. Graff

Dr. F. E. Elliott

*Nominating Committee.*

Dr. G. W. Thompson, Chairman

Dr. L. Lauzer

Dr. F. A. W. Rivett

Dr. Allan Rowe

Dr. F. Green

Dr. H. J. Terpenning.

*Committee on Necrology.*

Dr. H. Stoerser

Dr. F. A. W. Rivett

Dr. F. Green

On motion a recess was taken to 2 P. M.

The Society reconvened at 2 P. M., Dr. R. A. Toms in the chair, the Secretary, Dr. T. D. Adlerman, recording.

The Auditing Committee through its chairman, Dr. A. B. Wolf, reported that the Committee had examined the report of the Secretary and Treasurer, also the books and bills presented, found them correct and recommended that all the bills be paid. On motion the report was received and adopted and the bills were ordered paid.

The acting President, Dr. R. A. Toms, delivered a very able and interesting address, which was received with merited approval.



The Board of Censors reported favorably on the application of A. M. Liebstein, M.D., Jos Lebenstein, M.D., John Burris, M.D., L. Cohen, M.D., Julius Goldsmith, M.D., L. Lamberti, M.D., M. Minkoff, M.D., proposed for permanent membership by the New York City and County Society; for Dr. D. N. Bulson and E. D. Leo, M.D., presented by the Kings County Society; and for F. A. Pitkin, M.D., J. H. Watson, M.D., proposed by Western New York Society.

On motion the Secretary was instructed to cast one ballot for all these candidates. This was done and they were all declared elected.

The following essays were then presented and discussed:

*"Prostatic Abscess"*—G. Allan Rowe, M.D.

Discussed by Dr. L. Lanzer, Dr. W. L. Heeve and M. B. Pearlstien, M.D.

*"The Blues Due to Sexual Disturbances"*—M. B. Pearlstien, M.D.

Discussed by Dr. Theo. D. Adlerman and Dr. H. J. Terpenning.

*"Inguinal Hernia"*—W. L. Heeve, M.D.

Discussed by Dr. L. Lanzer, Dr. A. Rowe and Dr. E. H. King.

*"How to Use a Hypodermic Syringe"*—Max Meyer, M.D.

Discussed by Dr. C. B. Graff, Dr. Wolf and Dr. Lanzer.

## In Memoriam

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M. C. Belknap, M. D.

O. A. Hyde, M. D.

O. W. Sutton, M. D.

G. E. Holmberg, M. D.

R. V. Pierce, M. D.

W. H. Hawley, M. D.

Henry Stoesser, M. D.,  
Chairman Committee on Necrology.

### SECOND DAY.

The Society was called to order at 9.30 A. M. by acting President Dr. R. A. Toms, T. D. Adlerman, M.D., Secretary, recording, Upon roll call, a quorum being present, the president declared the meeting open for the transaction of business.

The Nominating Committee made the following report:

For President: R. A. Toms, M.D., of Kenmore, N. Y.

For First Vice-President: Geo. R. Thompson, M.D., of Luzerne, N. Y.

For Second Vice-President: D. Alperin, M.D., of New York City, N. Y.

For Third Vice-President: H. J. Terpenning, M.D., of Fulton, N. Y.

For Recording Secretary and State Organizer: Theo. D. Adlerman, M.D., of Brooklyn, N. Y.

For Corresponding Secretary: M. B. MacDermott, M.D., of New York City, N. Y.

For Treasurer: M. B. Pearlstein, M.D., of Brooklyn, N. Y.

For Board of Censors: G. W. Thompson, M.D., V. Sillo, M.D., F. A. W. Rivett, M. D., H. S. Blackfan, M.D., L. Lanzer, M.D., H. Stoesser, M.D., W. S. Dart, M.D., H. J. Terpenning, M.D.

On motion of Dr. Schultz, consent was unanimously given for the Secretary to cast one ballot for the nominations as reported by the committee.

The officers as reported were declared elected for the ensuing year.

A motion that the officers elected signify their acceptance by assuming their respective positions and stations without the formal installation was carried.

The Legislative Committee presented the following resolutions:

WHEREAS, There have been introduced in the Legislature of this State various bills regulating the Practice of Medicine and

WHEREAS, As said bills are all more or less restrictive in character and tend to interfere with personal rights and privileges of properly qualified physicians and also place a great deal of arbitrary power in the hands of the Board of Regents, which Board is a body responsible to no authority but its own.

RESOLVED, that we, the Eclectic Medical Society of the State of New York in Convention assembled, protest against the enactment of such legislation and do not believe that the welfare of the public demands it, or that the physicians of this State are such an unlawful acting body of men and women that their business should be discriminated against.

AND BE IT FURTHER RESOLVED, that we emphatically protest against all forms of medical paternalism.

On motion, the resolutions were adopted and the Secretary requested to get full notice in the papers of the sentiments as expressed by the Society in these resolutions.

Dr. R. A. Toms read a cable from Dr. G. W. Boskowitz extending greetings to the Society.

Telegrams and letters were read from Prof. J. U. Lloyd, Dr. J. H. Waite and Dr. F. Abbott, and all ordered filed.

Moved by Dr. Sillo that the Secretary be instructed to cable to Dr. Boskowitz the greetings of the Society. Carried.

The following essays were then read and discussed:

"Results obtained from the Use of Turtle Tubercle Vaccine in the Treatment of Tuberculosis with Report of Cases."

M. Sturm, M.D.

Discussed by Dr. V. Sillo, Dr. M. B. Pearlstien, Dr. W. L. Heeve, Dr. G. W. Thompson, Dr. L. Lanzer, Dr. C. B. Graf and Dr. J. Bernstein.

Moved by Dr. G. W. Thompson that we request the special committee from the New York County Society, which is investigating this paper, to report their findings at the next meeting of this Society. Amended by Dr. Pearlstien that the same committee be appointed from the State Society for the same purpose. Carried and the committee so appointed.

The thanks of the Society were extended to the essayists. A motion was made, amended and carried that the Society meet, again in Albany at the same time.

Dr. G. W. Thompson called attention to Assembly Bill No. 428 establishing a State University of Law, Medicine and Engineering, to be located in New York City, which shall be known as "The New York State University of Law, Medicine and Engineering." Dr. Thompson asked the Society to endorse this bill. On motion, the bill was referred to the Legislative Committee.

The President announced the following appointments for the ensuing year:

#### **Legislative Committee.**

Lee H. Smith, M.D.

F. A. W. Rivett, M.D.

Theo. D. Adlerman, M.D.

H. S. Blackfan, M.D.

M. B. MacDermott, M.D.

#### **Advisory Committee.**

Earl H. King, M.D.

James Bernstein, M.D.

H. Harris, M.D.

Adjourned.

Theodore Davis Adlerman, M.D.,

Secretary.

**Eclectic Medical Society of the City and County of New York.**

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held at Van Glahn's Hotel, May 21, 1914, Dr. Alperin in the chair. The attendance was good. The minutes of the previous meeting were read and approved.

Dr. Sillo, in speaking for the entertainment and reception committee, reported that Dr. Boskowitz, although greatly improved in health, respectfully declined the dinner. In reference to the Boylin committee he reported progress.

The Board of Censors in the matter of Dr. Brandman's application for membership reported progress.

Dr. Charles Graf then read an instructive paper on "Electro-Therapeutics in Gynecology." The doctor cited many cases treated with the various currents and the progress and cures accomplished. The paper brought out a very instructive and interesting discussion by Drs. Waite, Pearlstien and Sillo.

A vote of thanks was then extended to Dr. Graf for his able and interesting paper.

A motion was then made, seconded and carried that the next regular meeting of the Society be held at the office of Dr. Waite, No. 252 W. 29th St., at which time the doctor will demonstrate the latest types of X-ray and other electro-therapeutic apparatus, and show the rapid method of developing the X-ray plates.

Dr. Graf reported a case of a man, 38 years old, who came to him complaining of a pain in his left side upon deep breathing. When undressed the doctor was surprised to find the left half of the patient undeveloped, the ribs showing through the skin while the right side was robust and strongly developed, his mammae large and resembling that of a female.

Another case, a young girl 18 years old, was suffering with facial paralysis of four months' standing. She had been treated with the galvanic current with fair results. She then developed an otitis media suppurative and was operated at the Mt. Sinai Hospital. The operation, a mastoid, showed the bones destroyed by pus as also the ossicles and the nerve. Prognosis bad.

Dr. Hardy reported a case of warts on the hand which he treated with nitric acid. He only applied the acid to two of them, but all the other warts shortly disappeared.

Dr. Pearlstien reported good results with di-chloracetic acid in similar cases, and Dr. Messinger reported peculiar results with tri-chloracetic acid.

Dr. Harris made a motion that the Society communicate with the officers of the Alumni Association with a view of holding a meeting of the Association at its earliest convenient date. Carried.

The financial secretary presented a bill for \$3.72, for postage, etc., which upon motion was ordered paid.

The Society then adjourned.

A. T. Gombar, M.D., Secretary.

### Massachusetts Eclectic Medical Society.

The Fifty-Fourth Annual Meeting of the Massachusetts Eclectic Medical Society was held at The Quincy, Brattle Street, Boston, Mass., Thursday and Friday, June 4th and 5th, 1914.

The meeting was well attended and the following program received respectful attention.

- 3 Address ..... John Perrins, M. D.  
"Drugs vs. Drugless Practice of Medicine."
- 4 Symposium on Obstetrics.  
Opened by Augustus L. Chase, M. D.
- 5 Essay ..... William C. Clark, M. D.  
Subject Selected.
- 6 Clinical Section ..... Report of Cases
  - (a) Darius L. Powe, M. D.
  - (b) P. S. W. Geddes, M. D.
  - (c) Asa L. Pattee, M. D.
  - (d) S. J. Birch, M. D.
  - (e) F. W. Abbott, M. D.
  - (f) Chas. E. Kleck, M. D.
- 7 Essay ..... Frederick W. Derby, M. D.  
"Subculoids in Diseases of Nose and Throat."
- 8 Report of Nominating Committee.
- 9 Election of Officers.
- 10 Installation of the President Elect.
- 11 Closing Business.

Asa L. Pattee, M. D.,

President.

Pitts Edwin Howes, M. D.,

Secretary.

Cincinnati, May 21, 1914.

### Meeting of the American Medical Editors' Association.

On June 22nd, 9 A. M., the above-mentioned Association will meet at the Marlborough-Blenheim Hotel, Atlantic City, N. J., under the Presidency of Dr. E. A. VanderVeer, of Albany, N. Y. An unusually attractive programme is being prepared. Among the papers are the following:

*President's Address*, E. A. VanderVeer, M.D., Albany, N. Y.

*Relation of the Medical Press to the Cancer Problem*, by Mr. Frederick



L. Hoffman, Statistician of the Prudential Ins. Co., Newark, N. J.  
(By invitation.)

*The Things that Count in Medical Practice*, by H. Edwin Lewis, M.D., New York.

*Ideal National Medical Journal: What It Should Be and What It Should Not Be*, by W. J. Robinson, M.D., New York.

*Two Problems of the Organization Journal: The Mediocre Paper and the Editorial Department*, by Sarah M. Hobson, M.D., Chicago, Ill.

*Medical Journalism as a Local and as a National Proposition*, by Thomas S. Blair, M.D., Harrisburg, Pa.

*Medical Books and Journals*, by T. D. Crothers, M.D., Hartford, Conn.

*The Medical Periodical and the Scientific Society*, by F. H. Garrison, M.D., Washington, D. C.

*Editorial Experiences*, by A. L. Benedict, M.D., Buffalo, N. Y.

*The Special Medical Journal*, by A. Bassler, M.D., New York.

*The Medical Profession and Its Influence from a Buying Standpoint*, by Joseph MacDonald, Jr., M.D., New York.

*The Preparation of the Original Article and the Editors' Latitude*, by E. Franklin Smith, M.D., New York.

*He Among You Who is Without Sin Shall Cast the First Stone*, by Erwin Reissmann, M.D., Newark.

## Selections

### A New Method of Administering Ipecac in Amebic Dysentery.



Prof. John Uri Lloyd discovered that a form of hydrated aluminum silicate has the peculiar property of absorbing alkaloidal salts from aqueous solutions. That is, it precipitates the alkaloids from the solutions by an action with a change midway between a chemical combination and a mechanical mixture. The alkaloids thus treated can be liberated only in the presence of alkalies.

Ipecac long looked upon as a specific in amebic dysentery presented many difficulties in its administration and thus retarded the cure of amebic dysentery. And so when a new enteric such as Prof. Lloyd's compound which he named Alcresta and assigned to Eli Lilly & Company for development was placed before the medical profession it caused much comment and naturally proved a topic of discussion before medical and scientific societies. Unlike salol or other enteric preparations Alcresta Ipecac will disintergrate in the

stomach but the alkaloids of ipecac are not liberated until the alkaline intestinal juices are reached. Thus no nausea or gastric disturbance is felt.

Reports on the use of Alcresta Ipecac Tablets, each one of which represents the full activity of 10 grains of powered ipecac, state that "it causes no unpleasant effects such as are usually met with in the administration of ipecac" and "that taken internally Alcresta Ipecac does positively destroy the amebae and does not cause nausea or in fact any ill effect whatever."

Further information on Alcresta Ipecac, Lilly, is now ready and will be supplied upon request to the Home Office of Eli Lilly & Company at Indianapolis.

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### Normal Pregnancy.

It is all very well to insist that pregnancy is a physiological condition, and that, therefore, should not impose upon the pregnant woman any demands or exigencies that she cannot adequately meet out of her normal resources. But the truth is, that the very word "normal" has a different meaning from that which it had in former times. It was normal, once for a woman to go without clothes; but nobody pretends nowadays that she either could or should meet the exigencies of climate in this "normal" fashion. Not so long ago it was "normal" for a woman to work like an ox (while she was pregnant, too) sixteen hours a day; but we hardly expect the women of today to exhibit this sort of normality. So, in days gone by, woman was little more than a mere child-bearing animal; but in these days it is the normal state of affairs that other interests and duties should claim a little of her physical and nervous energy, and that she should receive intelligent aids to the carrying out of her material duties, just as she does for the rest of her physiologic functions. It is upon this reasonable, civilized principle that the Storm Binder has been devised for the pregnant woman's comfort and health; and its mechanical features have been carried out with just as much intelligence as characterizes the principle of its conception.

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### A High-Potency Diastase.

The doubling of the liquefying power of Taka-Diastase, through recent improvements in the process of manufacture, as announced by Parke, Davis & Co., lifts this agent into a position of commanding eminence as a diastasic ferment. So potent is this improved diastase that in ten minutes, under conditions of temperature and moisture corresponding to those existing in the normal stomach, it will liquefy three hundred times its weight of starch.

For the information of physicians who are unfamiliar with its nature and origin, it may be said that Taka-Diastase is obtained from the fungus *Aspergillus oryzae*, which from time immemorial has been used in Japan for the saccharifying of rice. This fungus contains not merely an amylase, but a mixture of various enzymes. It possesses amylolytic power to a much greater degree than any of the other species of the *Aspergillus* family.

Taka-Diastase is serviceable in the treatment of amylaceous dyspepsia, in chronic gastritis, in hyperacidity, in the vomiting of pregnancy, in infantile diarrhea and dysentery. It may be prescribed in liquid, powder, tablet and capsule forms, also in combination with other agents in capsules and tablets. It should be taken during or immediately after meals in order that it may eat upon the starches in the stomach before the acid wave sets in.

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### The Internal Use of Liquid Paraffin\*

BY A. VICARIO.

The utilization of liquid paraffin for the preparation of skin creams or pomades, is well known; it is also employed in intramuscular injections, chiefly as a vehicle for mercury or its salts, and it is now having some attention paid to its internal use. Liquid paraffin has a considerable vogue in England at the present time as a remedy for constipation, and generally for all gastrointestinal affections. To Arbuthnot Lane is due the internal use of the oil, which, administered at regular intervals, has no chemical action, is not absorbed by the intestine, softens the material and facilitates its expulsion.

The heavy petroleum oils, the residue of the distillation of petroleum, are freed from their acrid vapors by boiling in the open air, cooled to separate hard paraffin, decolorized and filtered. The liquid paraffin is obtained mostly from petroleum poor in the semi-solid paraffin; it is what separates from the paraffinic mass when the latter is pressed, hence the name *Paraffinum liquidum*, (*liquid paraffin*) generally adopted by foreign authors. English liquid paraffin represents the oily mixture of hydrocarbons liquid at ordinary temperatures, derived from petroleum without any indication as to its source. It may thus be of indefinite composition. It is not quite the same as the official *Huile de vaseline*, which, according to the French Pharmacopœia, should be originally from Caucasus petroleum, and, consequently, should consist chiefly of hydrocarbons of the  $C_nH_{2n}$  series. In practice, liquid paraffin and *Huile de vaseline* are synonymous.

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\*Pharmaceutical Journal.

The oils which are found in commerce differ as to odor, limpidity, density, viscosity, and purity. Some possess the odor and taste of petroleum, others have a marked fluorescence. Their specific gravity varies from 0.840 to 0.890. The viscosity varies remarkably; taking water as unity the oils have a viscosity 8 to 19 times greater. The oil which is to be preferred is that having a viscosity of 10.5, which is exactly that of simple syrup of s. g. 1.320. Commercial oils are not usually acid; they do not contain fatty bodies.

The coloration produced by sulphuric acid varies from pale yellow to a more or less deep black. The American oils appear to be much less pure than the Russian oils. They are less limpid, and disengage on heating a strong odor (of formaldehyde). Their specific gravity is higher (0.870—0.945). The Russian oils are clearer, more limpid, purer, and are certainly preferable; their density is 0.860—0.885.

One American oil imparted to sulphuric acid an absolutely black coloration. It emulsified with the acid, from which it separated, after standing several hours, and became black itself, unlike other commercial oils. The impurities extracted from the acid by chloroform were insoluble in water and partially soluble in soda solution; the soda solution produced toxic symptoms in guinea pigs. Such impurities are not to be tolerated in oil for internal use. It is absolutely necessary that the purity of the oil should be checked not only by the French Pharmacopœia test, but by the reaction with sulphuric acid indicated in that Pharmacopœia in the tests for *Vaseline officinale*. Sulphuric acid of 60 per cent. strength (sp. gr., 1.50) is not colored with *Huile de vaseline*, even when the impurities are very abundant. The test with pure sulphuric acid is much more delicate.

Should it be necessary to purify liquid paraffin in the pharmacy, the following process is the best to use:—Place a liter of the oil in a flask with 50 Gm. of pure sulphuric acid. Agitate frequently, decant the blackened acid, and repeat the operation with fresh acid until the latter is colorless or very nearly so. Then wash the oil with a hot concentrated solution of sodium or potassium carbonate, decant, dry the oil with dried sodium carbonate, and filter. A washing with strong alcohol removes the last traces of impurities.

The use of liquid paraffin internally presupposes not only a neutral and chemically pure oil, but unabsorbable, since it is to act mechanically and be expelled without having undergone any change in the digestive tract. Theoretically, the hydrocarbons of which it consists are well known to be very resistant, but experiments in artificial digestion have been made, and it has been found that pure bile completely emulsifies the oil, but only under conditions that

do not obtain in the body. Pancreatic digestion of a mixture of butter with liquid paraffin shows that not only is the latter not emulsified, but that its presence prevents the complete emulsification of the butter. Thus it is that a mixture of equal parts of liquid paraffin and butter, notwithstanding the presence of double the quantity of pancreatin necessary, leaves a proportion of unemulsified fat much greater than the whole of the liquid paraffin. This shows that it is an advantage not to give the latter with a meal or during the process of digestion. Liquid paraffin is given in doses of one to two tablespoonfuls a day. It may be flavored, shaken up with simply syrup or fruit syrup, or it may be combined with soft or hard paraffin and incorporated with honey or preserves.—Merke's Report.

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### Origin of Some Well-Known Medicines.

Dover's powder introduced into the "British Pharmacopœia in 1748, was the result of the work of Thomas Dover who was born in 1668; studied under Sydenham; practiced in Bristol in 1684. During the year of 1708, when Thomas Dover was captaining a privateer expedition, he landed in Peru, and following this his seamen became afflicted with the plague. Together, with four surgeons, he treated 180 seamen by bleeding each man 100 ounces and by using the powder. In 1742, after he had returned to London, he brought out this powder for gout, and it was called by him diaphoretic powder.

"Fowler's Solution," introduced by Tom Fowler, an apothecary, in Yorkshire, England. A proprietary medicine, named "Tasteless Ague and Fever Drops," was quite popular at that time, so Fowler analyzed it and found arsenic in it. He worked out the formula, added spirit of lavender, and called the resulting preparation Fowler's Solution.

Laudanum was a name invented by Paracelsus in 1500, who applied it to an aqueous extract of poppy, which he gave in five-grain doses. Sydenham first introduced liquid laudanum, acetum opii, which continues today as the laudanum of the continent. The word paregoric was first used as an adjective, meaning to speak words of comfort, and was first used to describe an elixir. Lemort, a Leyden chemist, brought forth paregoric elixir early in the eighteenth century. Many of the older Greek and Latin physicians had paregoric elixirs.

One of the oldest known combinations is that of *Hiera Picra*, sometimes referred to as *Hickera Pickera*, or *Hickory Pickory*.

*Hiera* was applied to prescriptions in early Grecian medicine, and these contained either aloes or scammony, or both. Each



physician had his own particular Hiera; Galen's consisted of aloes. The pill of aloes and myrrh was first introduced as Rufus Hiera.

Friars' Balsam, introduced by Fridasor, a friar, first consisted of Balsam of Peru, later benzoin was substituted.

Bland's pill, introduced by a Frenchman in 1841, consisted of iron sulphate and potassium carbonate.

Citrine ointment made its debut in 1650, and at that time consisted of lead and grease. In 1722, mercury was dissolved in nitric acid and mixed with lard. A Yorkshire physician was responsible for this.

Diachylon, meaning a precipitation of juices, was of importance, from a medicolegal viewpoint, in England, where it was used by the ignorant class to produce abortion. This ointment dates back to the time of Tiberius.—Merck's Report, Journ. A. Ph. A.

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#### Boylan Bill to Regulate Sale of Narcotics.

On March 27, the New York State Legislature on the last day of the session passed an amended form of the Boylan bill designed to regulate the sale of narcotic drugs.

As passed by the Legislature, absolutely prohibits the sale in any quantity except upon physician's prescriptions, of opium, its derivatives and preparations and of chloral hydrated. The law specifies further that all purchases by physicians shall be made on orders written on official order blanks provided by the state board of health. Prescriptions may be filled only once, and copies must not be given to customers.

Druggists must keep detailed records of all such sales in special books which shall be open to inspection and a certificate must be given on each prescription or placed on the label. Narcotic drugs must be ordered by the pharmacist on special order blanks. Hypodermic syringes may be sold only upon prescription and must be recorded. It is provided also that any druggist addicted to the use of these drugs shall have his license revoked. No provision, however, is made for his reinstatement in the event of his later being cured of the habit. Proprietary remedies containing less than a specified minimum are exempted.—Merck's Report.

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#### Cancer Death Rate in American Cities.

That there is need of the national movement to check the death rate from cancer which has been inaugurated under the direction of the American Society for the Control of Cancer is indicated by the figures of mortality from this disease in 1913. The statistics of our seven largest cities, recently tabulated, show that in that year the cancer death rate in each case was the highest on record. For New York City the rate was 82 per 100,000 of the population, against an

average of 79 for the last five years; for Boston 118, against an average of 110; for Pittsburgh, 79, against an average of 70; for Baltimore, 105, against an average of 94; for Chicago, 86, against an average of 81; for Philadelphia, 95, against an average of 88; for St. Louis, 95, against an average of 85. The combined cancer death rate for the seven cities was 89 per 100,000 of population for 1913, against a combined average of 83 for the last five years.

It is held by many that the recorded cancer death rate does not mean an actual increase of the disease to the extent indicated. According to this view improvements in the diagnosis of hitherto obscure diseases has caused cancer to be much more frequently recognized and recorded. Yet these figures of 1913 as compared with the average for the last five years, when we have presumably been enjoying the results of this greatly improved medical technique must be considered most significant, and it is hard to believe that the increase is due solely to greater accuracy of diagnosis.—Health Bulletin.

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### Book Reviews

TREATING SEX HYGIENE IN THE PUBLIC SCHOOLS, by *Dr. E. B. Lowry*, author of "False Modesty," "Herself," etc. Forbes & Co., Chicago, Ill.

Although the question of sex hygiene has been receiving a great deal of attention lately, particularly in reference to the instruction of children in public schools, text books on the subject have not been numerous. This little book of less than one hundred pages deals with this question in a simple straightforward manner and is most useful for both parent and teacher.

EXTRACTS FROM LECTURES ON THERAPEUTICS, by *George W. Boskowitz, A.M., M.D.* Delivered at the Eclectic Medical College of the City of New York, session of 1909-1910. Compiled by Victor von Unruh. Price \$1.00. Published by *The Eclectic Review*.

Although this is a small book it contains very much of a practical helpful nature for both student and practitioner. It is really a manual of Eclectic Therapeutics, describing the use and special application of over one hundred Eclectic remedies.

The lecturer whom the author has closely followed, gives his personal experience, covering a period of over thirty years of active practice. The book has been more helpful to me than any work upon *Materia Medica* and Therapeutics that I have read for it deals with the personal experience of a practitioner who has conducted a successful practice for years.

## Items

The following graduates of the Eclectic Medical College, Class of 1914, have been appointed as resident internes in the following hospitals, by competitive examination.

William A. Lieser to the Metropolitan Hospital, New York City. Carl M. Hazen and J. Harvill Hite to the Cumberland Street Hospital Brooklyn, N. Y. Warren L. Hulse to Grace Hospital, Detroit, Mich. J. Earl Holman, Zeph. H. Ballmer and Byron H. Nellans to St. Mary's Hospital, Cincinnati, Ohio. Neil Edison Taylor and Francis J. Abt to the Seton Hospital, Cincinnati. L. Lowry McHenry to Bethesda Hospital, Cincinnati.

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Remember the National will meet in Indianapolis this month. It is to your interest to attend.

"The Special Committee appointed at Dallas, to procure gold buttons for members, said Committee consisting of Drs. J. P. Harvill, W. N. Mundy and J. K. Scudder, have had a die made and procured a supply of solid gold and enameled buttons, with screw back. These will be mailed to members on receipt of One Dollar, and they will also be on sale at Indianapolis.



This is an illustration of the new button which the Committee hopes will prove satisfactory. Suitable ribbon badges will be procured for each annual meeting."

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Dr. Max Meyer has removed his offices to 69 East 120th St.

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Dr. Morris Wolf, former health officer of Yonkers, N. Y., a graduate of the Eclectic Medical College of the City of New York in 1893, and of the University of Rostock, Germany, in 1899, and physician to St. Joseph's Hospital Dispensary, died at St. Joseph's Hospital, from intestinal disease, on April 17.

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C. T. Laxative Tonic (Boskowitz) and C. T. Cardiac Tonic (Boskowitz) are now manufactured by Sharp and Dohme.

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Arthur J. Johnen, D. D. S., announces that after March 16 he will be located at 40 East 41st St., Suite 601.

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We were lonesome last month. Missed commencement censors and alumni meetings. What a busy week it used to be.

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Dr. David Alperin has removed to 556 Quincy Street, Brooklyn, N. Y.

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BLOOD EXAMINATION.

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# THE ECLECTIC REVIEW

GEORGE W. BOSKOWITZ, M. D., Editor.

JOHN W. FYFE, M. D., Associate Editor.

Subscription, \$1.00; To Foreign Countries, \$1.24 Per Annum.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to "The Eclectic Review," 242 West 73rd Street, New York City, N. Y. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

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VOL. XVII.      NEW YORK, JULY 15, 1914.

No. 9.

## Surgical Abuses.

We have so many times called attention in these columns, and in our lectures, to the reckless way serious operations are recommended and how in many cases, a perfectly healthy appendix is removed for some trifling abdominal pain that might have been cured by a dose of castor oil that it is pleasant to find that the leaders in the dominant school are at last awakening to this fact and that its leading surgeons are recommending greater caution in this particular, it is, therefore, with great pleasure that we quote the following from one of our exchanges:

"Dr. John B. Deaver protested yesterday at the meeting of the American Medical Association in Atlantic City against the reckless way in which inexperienced men undertake abdominal operations nowadays. He had investigated hundreds of them, he said, and found that a large proportion were absolutely unnecessary. When a surgeon of such vast experience makes a protest like this and is supported by so distinguished a colleague as Dr. Charles Mayo of Rochester we may feel pretty sure that there is good ground for complaint. The fact is that important operations are at present undertaken by too many men of little experience. Most of us can remember when even the removal of an appendix was regarded as a serious enough undertaking. Now it has come to be so light a matter that the least excuse is considered sufficient—chronic dyspepsia, more or less discomfort in the region of the appendix, or some very vague toxic symptoms not readily accounted for, are often held to justify an operation, and the mischief is that when a perfectly healthy appendix is removed we do not hear of it.

The tendency to attribute most acute abdominal conditions to the appendix leads to carelessness in diagnosis and careless diagnosis is one of the principal causes of superfluous surgery. The popularity of kidney operations and all sorts of operations on the stomach and intestines is no less reprehensible, and what Dr. Deaver resents especially is the light-hearted way in which these things are undertaken by men with slight experience."



### Hints and Winnowings.

**Specific Medication** is the most direct and efficient system of therapeutics ever employed by the medical profession. It is the only system in which remedial agents are selected in accordance with the manifestations of the component parts of disease, regardless of the name by which the abnormal state is known in the nosological classification of diseases. Possibly this system of therapeutics may not long retain its present designation, but the system, and the basic principles upon which it is founded, will continue to be utilized in the treatment of pathological conditions to the end of time. Specific Medication being based upon practically demonstrated facts, it must live, for the truth cannot cease to exist. This system of therapeutics has been known to physicians for many years, and the indications for drugs ascertained through its guidance fifty years ago are still followed by thousands of educated physicians with the same curative results as when they were introduced to the medical profession. Every year specific medication becomes more and more an important part of the entire medical profession. It has long since ceased to be practiced exclusively by Eclectics, as it has been adopted by thousands of the old school, of the homeopathic school, and by a vast number of unaffiliated physicians. If one desires proof of this statement he has but to give careful attention to the periodical literature of the present day. The practitioner of specific medication offers to his patients a treatment which is direct, efficient and pleasant—a treatment which will cure all curable wrongs of life. This fact has been daily demonstrated beyond a peradventure for nearly half a century.

**"The Tango Foot"** is the name given a new inflammatory disease of the legs and feet by its discoverer, Dr. Boehme, an eminent physician of Germany. The doctor reports some of his cases in several German medical journals, and in substance says that this new disease is the basis of a large number of cases of professional dancers, both men and women, which have come to his attention in the last few months, and that the strange affections of the muscles of the leg are undoubtedly due to tango dancing.

The symptoms show that the malady is distinct from rheumatism, and can be due only to a special strain placed upon stretching the muscles of the foot and toes, incidental to the tango.

The patient usually awakes with a dull pain, which seems to be located in the front and lower part of the calf. In the course of the next few days it comes in increasing intensity, and the bending of the foot becomes more difficult. Stair-climbing, and especially stair-descending, are particularly painful.

Dr. Boehme says that a variety of other symptoms presently reveal themselves in the ankle joint, and elsewhere, which prove

conclusively that the gyrations of the tango, maxixe and kindred dances are responsible for the inflamed muscles.

**Reinspiration of expired air** is the subject of an editorial recently published in the *Journal of the American Medical Association*. The article evidences thorough investigation and much study, and in view of the deluge of semi-scientific articles on pure air and ventilation now being circulated through the means of the popular magazines, it seems a timely production. The writer quotes Crowder's work along this line, and in substance says that a person remaining quiet and indoors will immediately rebreathe from 1 to 2 per cent. of his own expired air; when lying in bed the percentage is higher, rising to from 4 to 10 per cent., depending on the position assumed while sleeping. Nor does sleeping in the open insure pure air for breathing. The same influences here produce the same relative results that they do inside. Then at each inspiration we reinhale not only some of the air just exhaled, but also the air contained in the nose and larger bronchi—the so-called “dead-space” air. We must conclude from these facts that not much importance can be attached to the slight variations in carbon dioxid content which occur in the air of rooms. Efficient ventilation does not depend on the chemical purity of the air, in its freedom from “a toxic organic substance.” The new theory of ventilation is of course in sharp contrast to the old. As a matter of fact the air of the lungs always remains highly contaminated with their own excretory gases, and there is an effective barrier in the form of the dead space against the lowering of the contamination. The lungs are ventilated by a very simple principle of dilution. The failure of expensive systems of ventilation based upon the “renewal” of the air by the displacement of a certain volume at regular intervals has been because the essential factors in good ventilation are not freedom from carbon dioxid or from mythical organic poison, but coolness, dryness and motion.

**Scarlet Fever** has of late been prevalent in some sections of the country, although as pointed out by Dr. J. H. Townsend, the seasonal prevalence of this disease resembles that of diphtheria, the greatest number of cases occurring in the fall or early winter. In part, Dr. Townsend says:

“There is no one of the infectious diseases which differs in the intensity of its outbreaks as does scarlet fever. The cases at present are as a rule mild. This renders its control the more difficult, as the ambulatory cases with only slight symptoms are difficult to detect and may convey the disease as well as the more serious ones. The specific germ of scarlet fever is not known or its exact mode of conveyance. The desquamation of the epidermis has been looked upon as the danger time for infection and the scales themselves to be the

carriers of the poison, but this is by no means proven. It is granted that the virus is contained in the secretions of the nose, throat and respiratory tract, and it has been suggested that the scales of epidermis contain the poison only as they become infected by the secretions. It is most contagious during the period of eruption, but experience has shown that the patient may give the disease to others until the completion of desquamation. No one should be released from quarantine who has a discharging abscess or running from ears or nostrils.

"The essential features of prevention consists in isolation and disinfection. Health officers and physicians can do little in the control without the co-operation of the public, and all should obey the Golden Rule by submitting to a proper diagnosis of even the mildest cases and by a strict observance of all sanitary regulations."

**The Anti-Drug Laws** are receiving vigorous attention throughout the country, and the officers charged with their enforcement are doing excellent work along their special lines, but eternal vigilance is the price of enforcing laws against the sale of habit-forming drugs. So long as there remain victims who crave these terrible life-destroyers, there will be people who will sell their honor and risk their liberty in order to reap even a tainted profit. The activities of the proper officers throughout the United States have resulted in much good, and been a means of cleaning up many of the most notorious of the drug dispensers. It is stated by the health authorities that the selling of habit-forming drugs in some towns is now confined largely to a few doctors—the dregs of an honored profession, who debase themselves and humiliate their colleagues by prostituting their professional privileges for the sake of a little dirty money. Such cases—contemptible from every point of view—are coming to light from time to time throughout the country, and the guilty ones are being published in the lay press. None who persist in their evil ways can hope to escape, so long as those charged with the enforcement of the anti-drug laws are active and energetic in the performance of their duties.

FYFE.

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#### Cod Liver Oil in Hot Weather.

It is not necessary to stop the employment of cod liver oil during the heated term. One need but employ Cord. Ext. Ol. Morrhuæ Comp. (Hagee) from which the nutritive advantages attaching to the crude oil may be obtained.

In Cord. Ext. Ol. Morrhuæ Comp. (Hagee), the physician has at his command an admirable tissue food, and one which he may depend upon at all season of the year.

**Obituary****Death of Dr. A. R. Tiel.**

Dr. Arthur R. Tiel died at his home, 47 Tioronda Avenue, at an early hour June 1st, after a long illness.

In 1907 he suffered an attack of thrombosis, which affected his brain, forcing him to discontinue his practice. He has been confined to the house only about two months and his decline has been gradual.

Dr. Tiel was born in Ashland, Green County, on October 14, 1854. When a boy his family moved to Matteawan. After serving his father as bookkeeper in the grocery business he decided to study medicine and entered the office of Dr. William Jones, of Newburgh. In 1878 he was graduated from the Eclectic Medical College, of New York City.

He established his practice in Matteawan, where for many years he was a popular and successful physician and surgeon. For many years he was Secretary of the Hudson River District Eclectic Medical Society. In 1894 he was Treasurer of the New York State Eclectic Medical Society and later was its President. He also held the office of Secretary of the Eclectic Medical Examining Board of the State Board of Regents.

In spite of a busy professional life Dr. Tiel found time to interest himself in politics and was at one time an ardent Prohibitionist. He was for several years a member of the Board of Education of the Matteawan High School. He also served for many years as Secretary and Treasurer of the executive committee of Howland Library.

Dr. Tiel was at one time Health Officer of the village of Matteawan. He was also a Mason.

He was a member of the First Methodist Church, where he was a steward. For several years he served as superintendent of the Sunday School and was the first President of the Epworth League.

He had a genial disposition and capacity for hard work. He was a loyal friend, energetic and conscientious in his profession and faithful to duty in every sphere of life.

Dr. Tiel was married in 1880 to Miss Ella F. R. Brown, daughter of William H. Brown, and she died after fourteen months of married life. By this marriage there were no children.

In 1885 he married Miss Elizabeth Hart Badeau, eldest daughter of Mr. and Mrs. Joseph N. Badeau, and by this marriage there are five children.

## Original Articles

### Electricity in Gynecology.

BY CHARLES B. GRAF, M.D.

Read at the May meeting of the Eclectic Medical Society of the  
City and County of New York.

Mr. President and Fellow Doctors:

Having been appointed by the chair to bring up some topic for tonight's meeting, I took the liberty to bring a paper on a subject well known to every doctor—used by many, but not accepted by all members of our profession. If I ask myself the cause of the last sentence—the only cause I can give is—some of the doctors don't want to believe that electricity can cure, some of the doctors are conservative and don't care to follow or try the new inventions on the field of electric apparatus. If I am wrong kindly correct me, discussing my paper. Why did I pick out this subject on electricity used in gynecology? The fine results that I have had in my 16 years experience in the treatment of all kinds of diseases pertaining to women. The old native women of West Africa about 1,200 years ago put their sick sisters, mothers and daughters in a hole filled with water in which there were some fish called Rhaja Torpedo known to possess some natural healing power, known today as magnetism and electricity. 1,200 years later, in the age in which we live, an age rich in inventions, but poor in belief, when now X-rays, now radium, now mesothorium effect the most marvelous cures among the pious believers, it is not a subject of surprise if the general practitioner of today becomes sceptical in using electrical apparatus to treat his suffering victims. The physician himself has to be convinced about the curative action of his electrical apparatus. To prove this statement I will mention the well known authority Dr. Bamberger of Berlin, Germany. He believed he had discovered in scrofulosis—tubercular glands, the richest and most fruitful field for the application of electricity in the form of galvanic current and fulguration by high frequency, reasoning, that there where sun, air, hygiene and rich food are so very efficacious, electricity can not be other then highly beneficial. Of the correctness of this logic he has been convinced by the most brilliant cures on his patients. Believe me friends that in those cases in which electricity is indicated, it is one of the most admirable, one of the surest, and in some gynecological cases an incomparable remedy. It is therefore the duty of every progressive up-to-date gynecologist to study the actions of electricity and to follow the improvements that are being made in the new devices that he may be able to choose the one best adapted to the treatment of his sometimes mysterious cases. And has the gynecologist or obstetrician such a number of reliable emmenagogues at his command, that he has



no need of another which he can perfectly control, and with which he can produce at pleasure the most powerful contractions of the uterus. The most used electric currents in my own practice are: High frequency, sinusoidal, and galvanic. I use stationary big apparatus for the office and a few small portable machines to treat my patients at their homes.

Some of the specialists use also static electricity, electric baths, etc. Having such an armaentarium we are able to fight any gynecological case and win 90 times in 100, the other 10 are old carcinomata, pyosalpings ovarian cysts and they call for surgery.

To the young physician and to the gynecologist who has the ambition to use electricity and be successful I will, with your kind permission, give a few elementary explanations about the action and how to use the current. 1. Galvanic electric after Dr. Neiswanger: A galvanic battery is an apparatus for destroying, by chemical action, the equilibrium of the ether, thereby causing a difference of level, and what we call a current of electricity flows from the higher to the lower level. The higher point is called the positive pole, the lower the negative, therefore, a current flows from the positive to the negative pole. The positive pole produces oxygen, is a vasoconstrictor, will stop bleeding, hardens tissue, has a sedative action, and is acid caustic producing a hard cicatrix.

The negative pole produces hydrogen, is vaso dilator, will increase bleeding, produces hypersensitiveness, is an alkaline caustic producing a pliable cicatrix. In using this current polarity means everything; be careful in selecting the polarity.

### Sinusoidal Currents.

The fault found with most sinusoidal machines offered to the profession has been that the frequency of alternations of current delivered produced too rapid muscular contractions. An ideal sinusoidal apparatus shall give us 12 to 120 sines in a minute. With such a current we are able to contract and relax very gently and painless any muscular fibre.

What is a sinusoidal current? Nothing else than an alternating or faradic current in which the rise and fall of energy in one direction is immediately, without break, followed by a corresponding rise and fall in a negative direction, the rise and fall in either direction describing a sine curve.—Elliot. In applying this current for gynecological conditions the moistened large pad is closely adapted to the lower part of the dorsum and os sacrum, the active and also moistened still larger pad to the abdomen. Use the slow sine treating amenorrhoea, menorrhagia, metrorrhagia, abdominal arterio sclerosis, constipation, cystitis, relaxed ligaments, prolapsus uteri. To strengthen the muscoli recti or different ones in a pendulous relaxed abdomen, apply one sacral

pad and two smaller pads to the abdomen using a bifurcated cord. For uretral, intra vaginal or uterine diseases as metritis para and endometritis apply one pad to the abdomen, the active olive pointed metallic electrode introduce carefully into the respective orifitium of the diseased organ. In hysteria, ovarian neuralgia and neurosis due to adhesions or different pelvic disorders, I use mostly the surging sinusoidal current, applying one pad to dorso lumbar verterbra, the other over the ovary, for 30 minutes every second day.

Can't we, fellow physicians, be proud to possess such a splendid and helpful current in our electro therapeutical arma mentarium?

The latest most interesting and most novel of all the electric currents is without question the high freq. current. The value in gynecology is limited. To describe the apparatus and how the miraculous results are obtained, would take too much of your valuable time, so I will confine myself to the purpose of my paper and mention only the following points.

In using the high frequent current in gynecology be careful in selecting the best obtainable. Keep your glass vacuum electrodes clean, use plenty lysol to sterilize them. In vaginal or uterine work use the low vacuum tube only. Treating an anemic or hysterical woman the Darsonval current or autocondensation chair ought to be used and not more than 500 mill amp. 20 minutes daily given. Pruitus vulvae or vaginae may be cured in short time with low vacuum tubes, 10 minutes daily in connection with a regulated diet and warm salt baths. Much of the therapeutic value of these currents depend upon the ozone given off, and the best effects can be expected in urethritis, vaginitis, proctitis, applying the special constructed glass electric directly to the mucous membrane of the organ.

A few of my own cases treated successfully with the different electric current will prove my statements.

Mrs. K. suffered for some time from menorrhagia on account of a uterine polypus, the pedicle of which could by no means be reached. In consequence of strong contractions, induced by the slow sinusoidal alternating with weak galvanic current projected sufficiently to make it easy for the special forceps and the complete polypus was removed in two minutes.

Mrs. Anna M., age 29, mother of two children, occupation laundress, came to my office suffering from a prolapsus uteri with ulcers on the cervix, against which no external medication was useful. I tried and succeeded in treating the ulcerations with a special constructed glass vacuum electrode, 10 minutes daily treatment with high frequency performed the cure. It took me exactly 11 days to make the ulcers disappear and the cervix showed a healthy normal surface. In order to raise the prolapsed uterus, I put the patient on weak galvanic alternating with slow sinusoidal current, after 36 treatments the patient

was discharged. The examination showed only a slight cystocele, which condition did not annoy the patient anymore.

I remember one married lady suffering from agonizing pain lasting 4 to 6 days every month, Diagnosis Dysmenorrhoea. The patient has been given by some physicians hypodermic injections of morphine, which treatment relieved her pain artificially. Examining that patient I found she was suffering from a typical antelexion and a very contracted cervical canal. I used on her the Neuswangers uterine sound connected with the positive galvanic current placing the indifferent electrode on the abdomen. After 7 weeks of alternating treatment with high frequency vaginal glass electrodes the third menstrual period was painless for the first time in years.

A patient, Mrs. B., 58 years of age, consulted me for annoying pruritus vulvae; she stated to me that for the last 10 years her savings were spent on salves and 100 rods of different internal and external medications. At last she gave up all her hopes to become cured; accidentally meeting a patient of mine, I was recommended to her to take the case. Urine did not show any sugar nor albumen, all what I found was arterio-sclerosis and blood pressure about 165. I treated the patient with autocondensation high frequency current reaching 500 milli amperes, 30 minutes 3 times a week. High frequency rod vacuum tubes to the vulva cured the case after 6 weeks treatment. Discharging the patient blood pressure became normal, patient gained in weight and did not complain anymore of pruritus.

A very interesting case of curing gonorrhoeal urethritis was in the case of Miss L. T. Local applications of protargol have been too slow in action, especially as the patient was in great hurry to get cured and marry one of her admirers. We all know that the gonococcus neisseri can't withstand the positive galvanic current, so knowing that, I applied the active positive metal electrode into the urethra, the negative pole into the vagina. Daily treatments 5 mill ampere for 10 minutes cured the urethritis in 14 days. Microscopic examinations on several calls—negative.

Finishing my paper would like to add, that electro therapeutic applications that are painful, are of questionable utility, unless pain is unavoidable. Some of the best and most useful applications are painless because the amperage used is low. Next to producing a good therapeutic result the doctor should try to be in a good humor and show a pleasant face. Never give the sufferer a bad prognosis, try everything, study the case carefully. Would like to repeat that the main subject in using electricity in gynecology is antisepsis. Especially with reference to the electrodes. To use for example vaginal high frequency electrodes on one patient after another, is practically a cataphoresis of all kinds of bacteria, and as such has no place in the armamentarium of a modern up-to-date electro-therapist. Thank you.

1370 Lexington Ave., New York.

### The Cause and Treatment of Hemorrhoids-Piles Without Anesthesia or the Knife by the Injection Method.

BY JAMES MORAN, M.D.\*

The term Hemorrhoids, according to its derivation, signifies a flow of blood, a "hemorrhage." The term Piles, which means a swelling, or tumor, and always applied to the rectum, is the more common and correct term, but many people prefer to use the word hemorrhoid.

Hemorrhoids are found in people of middle life more frequently than in the young and old.

#### CAUSES OF HEMORRHOIDS.

In women the causes are sedentary life, child-bearing, child birth, and menstruation; over eating, lack of exercise, straining at stool when constipation exists, and at the time of Menopause.

The exciting causes, are constipation, the most common and the most important. Where the bowels do not move regularly, the contents become almost a solid mass, and this hard substance passing down through the intestinal canal, distends the bowel as it moves downwards and out, and presses on the blood vessels forcing the blood down, and obstructs the return circulation. There is often so much pressure on the veins, that blood is forced through them and appears on the solid feces as it is passed out.

The increased amount of blood in the parts around the lower end of the rectum and anus, causes an increase in the connective tissue, and new capillaries are formed, from which the hemorrhoidal tumors are produced.

After this condition has taken place, the straining at stool necessary to force out the hardened masses, causes rupture of the thin blood vessels, and we have then what is commonly called, bleeding piles.

#### OCCUPATION INFLUENCES THIS CONDITION.

Wherever a person's occupation requires prolonged standing or sitting, or frequent heavy lifting and straining, this condition follows.

Truckdrivers, street car men, and others of similar occupations are very prone to piles or hemorrhoids.

A person's habits has very much to do in the way of inducing piles.

Excessive eating, over indulgence in stimulants and tobacco, together with an indolent life, over charges the hepatic circulation, which in due time induces a congestion of the hemorrhoidal veins, which terminates in piles or hemorrhoids.

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\*Member of The American Medical Association; member of the County, State and National Medical Societies; member of the Celtic and Economic Medical Societies; member of the Eclectic State and County Medical Societies.



## CLASSIFICATION OF HEMORRHOIDS OR PILES.

Hemorrhoids may be divided into two classes, i. e. external and internal to the sphincter Ani. Occasionally the internal pile becomes larger and is pulled down by the sphincter muscle, until it protrudes externally, but in the treatment, it should be considered as an internal pile, because it is covered with mucous membrane.

The external pile is outside the sphincter, and covered as a rule by integument. The internal pile is covered with mucous membrane.

The external pile may again be divided into thrombotic, integumentary, and varicose. The thrombotic variety as a rule appears suddenly, and is often as large as a grape, and in color a bluish purple hue and very painful.

The integumentary is a pouch or sack of thickened skin, which is usually the remains of an old thrombotic hemorrhoid, which has been absorbed.

The varicose variety, is composed of a collection of small varicose veins covered by skin, and situated at, or outside the Anal orifice.

The internal variety is divided into the capillary and varicose. The capillary hemorrhoid may not appear as a tumor, but simply as a small reddened area, which bleeds upon the slightest touch. Where there is an enlargement, it looks very much like a ripe strawberry and bleeds freely on the slightest touch.

The internal varicose hemorrhoid, is caused by a varicose condition of the veins of the superior hemorrhoidal plexus.

The pain of internal hemorrhoids is of a dull aching sensation and with a sense or feeling of fullness, and occasionally a throbbing sensation. There is usually a sense of weight and dragging down in the rectum and sacral region, accompanied by mental depression.

## TREATMENT.

Patients suffering from hemorrhoids or piles in any form whether external or internal, have a universal fear of an operation under chloroform or ether and many times there is sufficient reason for their well grounded fear, and that is the reason why we treat so few rectal cases.

Again, many people cannot afford the time to be laid up in a hospital, remaining away from business, and in some instances the danger of losing positions.

By the Local Injection Method, people are relieved of all this worry and fear. There are many good methods for the treatment of piles, that may be used without an anaesthetic, and as soon as the public are educated up to this fact, they will readily submit to the local injection treatment, and not depend on domestic remedies and quack nostrums, until they become anemic from loss of blood and become physical and mental wrecks.



### TREATMENT OF THE EXTERNAL THROMBOTIC VARICOSE VEIN WHICH CONTAINS BLOOD CLOT.

The patient is placed on his side on the table and the parts round the Anus, are thoroughly washed with green soap and quite warm water. In some cases it is well to give an enema the night previous, in order to have the lower bowel empty. The hemorrhoid is then sprayed with ethyl chloride until the part turns white, and the sensitiveness of the part has disappeared. Then with a fine sharp-pointed bistoury enter the base of the hemorrhoid, and open up freely, so that there is plenty of space for the clot to turn out without having to be pressed out, an act that would be injurious to the already inflamed tissue.

If all the clot does not come out, I use a forceps and pick it out; or sometimes use a very fine curette which answers as well. The pile opening is then packed with a little strip of sterile gauze which has been soaked in 1:1000 adrenaline solution. As a rule there is very little bleeding. A T bandage should be applied to keep the dressing up tight to the wound.

The gauze packing should be removed in about 20 to 24 hours, after it has been well softened by an antiseptic solution of peroxide of hydrogen, which is excellent for this purpose. Should bleeding start up I repack as before. The wound should be dressed each day for a few days so as to keep out all particles of dirt. Usually the wound is completely healed by the third or fourth day, and the patient discharged.

### TREATMENT OF THE RIPE STRAWBERRY VARIETY.

The patient is thoroughly washed and cleaned, and the lower end of the rectum cleaned out with a mild antiseptic solution, the patient lying on the side on a table, and the knees well drawn up. A Brinkerhoff speculum, which has a slide in it, is then introduced into the rectum, the slide is drawn back sufficiently to let the pile drop into the opening in the speculum. A weak solution of carbolic acid combined with sweet almond oil, glycerine, or extract of Hamamelis and distilled water is injected slowly into the pile, and the needle slowly withdrawn through the speculum. In cases where more than one pile is present, one may be injected every 3rd or 4th day.

The patients suffer very little discomfort, and as a rule can continue their usual occupation, without any loss of time. If the ripe strawberry kind is outside the external sphincter muscle, inject with similar solution as used for the internal variety.

In all cases a T bandage to keep up the dressings should be applied.

262 W. 83rd Street.

### BIBLIOGRAPHY.

DR. A. B. JAMISON  
DR. J. D. ALBRIGHT

DR. L. J. HIRCHMAN  
DR. CHARLES J. DRUECK

## LINERIA VULGARIS.

BY CHARLES LLOYD, M. D.

*Antirrhinum Lineria*, Linn, *Lineria Vulgaris*, Lindley, Todd Flax, Snap Dragon, Ramsted, Butter & Eggs. This species of *Lineria* is a perennial herbaceous plant, from one to two feet high, with numerous narrow-lined leaves, and a terminal crowded spike of large yellow flowers. It is a native of Europe, introduced into this country where it grows plentifully along road sides and in waste places in the middle States. It is readily distinguishable by the shape of its leaf and by its yellow flowers, which is in succession from June to October. The fresh plant has a heavy disagreeable odor, which is in a great measure dissipated by drying. The taste is herbaceous, weakly saline, bitter and slightly acrid. The herb is the part used, and it should be collected when in flower, dried quickly, and kept excluded from the air.

Constituents: Linarin, Linarcrin, Linaresin, Antirrhinic acid, Linarosmin; Tannic Acid and Citric Acid (Merck's Index), yellow coloring matter, sugar and mucilage. It yields some of its properties to water, and some to alcohol. Its use by the older physicians was by infusion and ointment. Later physicians use a tincture. Its leaves and flowers have been employed in various forms, of ointment, fomentations and cataplasms.

It has properties that will act as cathartic, diuretic and aphrodisiac, the infusions are also anodyne, relieving irritation. The preparations of the tinctures are a saturated tincture, a tincture made according to Scudder, eight ounces of the fresh herb to alcohol 98% one pint, and a homœopathic mother tincture. The average dose of the saturated tincture is gtt j to zss every three to four hours. In recent cases, the smaller doses and more frequent repetition will be necessary.

The ointment is prepared as follows:

Take of the tincture (stronger) two parts..... 2

Ungt paraffin .....q. s.

Add the tincture to eight parts of the ointment, and keep the mixture warm upon a water-bath until the liquid has evaporated; then add ungt paraffin to make the weight ten parts, and stir till cool and partly congealed.

Uses: It possesses an influence upon the skin, vascular system, glandular and sexual apparatus, increasing their functional activity. It has properties that act as cathartic, diuretic and aphrodisiac, the infusions also are anodyne, relieving irritations.

It has proved efficacious in chronic skin diseases, scrofula, enlargement of spleen and liver, from malaria and disorders of the blood, icterus, varix ani, hemorrhoids and as a specific in enuresis. It will also tone up the sexual powers when debilitated and will remove dropsical effusions.

478 Fourth St., Brooklyn, N. Y.

**Items From the Field of Neurology.**

BY THEODORE ADLERMAN, A.B., M.D.

In Semain Med. Dardel reports uniformly favorable results obtained in nervous and mental disorders with repeated subcutaneous injections of 300 to 500 c.c. of oxygen gas. In excited cases the injections always produced a few hours' quiet sleep each night. The sleep obtained by oxygen is natural, deep and not followed by any lassitude, as is often the case after the use of hypnotics. In nervous cases a feeling of well being is afforded and a general sedative effect follows. The cases thus treated included epilepsy, neurasthenia, circular insanity and catatonic dementia.

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In the Berlin Klin. Woche. Edinger reports three cases in which sciatica or rheumatism has been diagnosed, but years of treatment failed to give the desired relief, instant relief from pain was obtained from an elastic stocking applied with the idea that the nerve was suffering pressure from some enlarged vein.

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I have been asked to publish here resorts that are suitable in different nervous affections. Neurasthenics are best off at the Adirondack Mountains, in Maine, Canada. The quiet resorts of Lakewood, Cape May, Ocean City (except in summer) are suitable for the female cases. The Canadian Rocky Mountain resorts are very suitable for neurasthenics in July, August and September.

For those suffering from neuralgia—the White Sulphur Springs of West Virginia, the Castle Hot Springs of Arizona, and the Clifton Springs of New York.

For hysterical subjects—the coast resorts of the Atlantic and Pacific and the tonic climate of Maine are especially suitable.

For senility and kindred affections—the Florida resorts in winter, Cape Cod, White Mountains, Put in Bay and Chautauqua Lake in the summer.

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The alcoholic insane of France constitute 13.88 per cent. of all insane, and the proportion of alcoholic insane has increased 57 per cent. in the last decade.

James, in treating sciatica, injects direct into sciatic nerve by means of a long hypodermic needle Sulphuric Ether in doses ranging from fifteen to thirty minims. He reports to having cured some very obstinate cases with this method. This particular method has failed to produce the desired results in my hands. I have, however, succeeded in curing a few cases by injecting a combination of apocynum and conium.

I have been asked the question why I always drum on the pressure of epilepsy in my insanity examinations. I have been even told in some cases that the relative of the case felt somewhat peeved by my persistent efforts to discover epilepsy in the antecedents of the patient. Here is the answer to the query: Some 15 per cent. of all epileptics become insane. Hence epileptic neurosis in an individual renders him or her about 35 times more prone to insanity than if he were normal.

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The mental enfeeblement of the epileptic is always accompanied by an increase in bodily weight and a gradual obliteration, a gradual effacement of the lines of expression in the features.

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Most of the cases of epileptic insanity require a commitment to an asylum. Their proclivity to sudden paroxysms of rage and the wildest fury, with acts of impulsive destructive violence, compels us to place all such cases within the walls of an asylum. In the moderate cases even, such periods of violence require careful handling.

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The hyssop family of plants furnish a drug, which certainly produces marked beneficial effects in all epileptic cases, and it should be tried in all of them. It is perfectly harmless, and this is more than can be said of bromides, belladonna or borax.

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Memory is relatively little impaired in dementia praecox except after the lapse of years, where some reduction in this faculty is noted. The faculty of judgment, however, is affected early and in all cases.

910 St. John's Place, Brooklyn.

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**New Drug Law.**—On July 1, 1914, the recently adopted act to amend the public health law of New York State in relation to the sale of habit-forming drugs became effective, and physicians are advised that it is important to make immediate application to the Secretary of the State Board of Health, Albany, N. Y., for a supply of official order blanks for the purpose of providing themselves with heroine, morphine, codeine, etc., after that date. At the same time it is reported that, because of the failure of the Legislature to make an appropriation for the purpose, no blanks for physicians' and pharmacists' use have been printed.

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Remember the Cardiac Tonic (Boskowitz) and Tonic Laxative (Boskowitz) are now being manufactured by Sharp and Dohme.

## **Materia Medica and Therapeutics**

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to  
DR. J. W. FYFE, Saugatuck, Conn.

### **Sedation.**

The time required to effect sedation will usually bear a distinct relation to the time required for the development of disease and its duration. In acute fever or inflammation from cold the influence of the sedative used may be promptly obtained and the disease speedily arrested. In continued fevers the accession of the disease, in the greater number of cases, is slow in proportion to its duration and severity. In such cases there are grave lesions of function—possibly of structure—and we must expect to obtain the influence of the indicated sedative slowly.

While we have a number of efficient arterial sedatives, aconite and veratrum are perhaps the most definite, as well as the most frequently indicated in general practice. The specific indications for their use are plain and unmistakable; namely, the small and frequent pulse means aconite, and the full and bounding pulse calls for veratrum.

The temperature bears such a constant relation to the frequency of the pulse and general circulation that a remedy that will correct the one will usually arrest the other. Thus it is found in practice that just as we bring the pulse to the normal standard by the use of an arterial sedative, in the same degree we reduce the temperature. This is the case in chronic, as well as in acute diseases. The sedative, however, must never be administered in doses large enough to cause depression.

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### **Helonias in Albuminuria.**

In an interesting article entitled "Remedies for Albuminuria," published in the *Eclectic Medical Journal*, Dr. Herbert T. Webster very forcibly advocates the use of helonias in nephritis, and incidentally points out indications for the drug along this line which are apparently worthy of further investigation. In part the doctor says:

"Chronic nephritis is indisputably an ugly dilemma to confront, but, after all, are we not too much prone to surrender before the patient is given a fair chance for extended longevity? Is it wise to conclude immediately that the patient's days are few because the urine is found to contain evidences of Bright's disease?



"We are liable to grow careless and accept the dictum of a school that has hardly ever been successful in therapeutics, that has always fought the effort of progressive therapy, and finally arrived at a state of therapeutic nihilism. Because the dominant school has decided that there is no cure for this affection is no reason that we should look hopeless on the subject.

"We certainly possess agents in our *materia medica* which are capable of affording much benefit in chronic nephritis and of curing it when their use is begun at an early stage of the disease.

"It should not be understood that the writer is taking the stand that albuminuria is a trifling matter that can be easily overcome in a majority of cases, but he advocates the idea that it is not as hopeless as it is generally considered, that we possess some curative measures adapted to cases which are not too far advanced and that cures of cases often abandoned as hopeless may be made, if proper measures are applied.

"Notwithstanding assertions to the contrary, *helonias* is an excellent remedy in some cases of albuminuria. It is best adapted to those attended by gastric complication, which it controls, while it removes the albumin, or at least relieves the irritation giving rise to it, as well as correcting concomitant gastric disturbance. That it will invariably do this is not to be claimed, for many cases of albuminuria become too far advanced before rational treatment is begun for any remedy to succeed."

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#### **Gelsemium in Seasickness.**

Gelsemium has been employed as a remedy for seasickness with gratifying results. So far as my knowledge goes it was first suggested as a suitable remedy for this distressing complaint by the late Dr. A. B. Whitney, who was at one time an Eclectic practitioner in New York City. He used gelsemium with good success in several severe cases of seasickness, and believed the drug to be worthy of thorough study and trial along this line. It is now about fifteen years since the doctor made these suggestions, and as it happened that at just that time I had a lady patient who was about to visit Newfoundland, I at once embraced the opportunity of giving the remedy a trial. The lady was to sail from New York for Newfoundland during the rough season of the year, and in taking this ocean voyage on previous occasions she had always suffered severely from seasickness. In view of this fact she requested me to prescribe some remedy that possibly might modify her expected sufferings. In response to this request I added to four ounces of water sufficient specific gelsemium to make each teaspoonful of the water contain five drops of the drug, and directed the patient to take two teaspoonfuls of the mixture a few minutes before going on board the ship,

and then continue the medicine in one teaspoonful doses every hour until double vision became very marked, at which time the medicine must be discontinued. If, however, a feeling of the slightest nausea should be experienced at any time during the voyage the medicine must be resumed and one teaspoonful taken every hour until the drug again caused decided double vision. The directions were strictly followed throughout the voyage, and on her return she said that she had been entirely free from seasickness.

On several occasions since that time I have prescribed gelsemium in the same manner for seasickness and obtained the same corrective results.

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#### **Chimaphila in Genito-Urinary Diseases.**

This small perennial herb, commonly known as pipsissewa, yields a remedy which is often useful in several renal and venereal affections. In chronic diseases of the genito-urinary mucous membranes, with scanty urine, mucopurulent sediment, vesical tenesmus and frequent micturition, with smarting or pressing pain, chimaphila exerts a corrective influence. It is deemed a remedy of merit in catarrh of the bladder, and in gravel it exercises a restraining influence. In prostatic affections it has been employed with satisfactory results, and in the advanced stages of albuminuria it has been used with some benefit. Chimaphila is also regarded by many physicians as a useful remedial agent in some cases of diabetes.

The dose of specific medicine chimaphila (or a good fluid extract) is from 10 to 60 drops every two to four hours.

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#### **Iceland Moss.**

This substance, when reduced to a grayish-white powder and boiled in water or milk, becomes a firm jelly. It then constitutes a good food for infants having weak digestive organs, and is often useful in the summer complaints of children.

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**"Eugenics" Law Upheld.**—The Wisconsin Supreme Court on June 17 sustained the so-called Wisconsin "eugenics" law, which provides that couples intending to marry must in order to obtain a license present certificates from physicians stating that they are physically fit. The Supreme Court thus reverses the decision of the lower court, which had held that the law was unconstitutional.

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Mrs. Maria Lossaso, of West Paterson, N. J., who was married five years ago, when 105 years old, died of heart disease, at St. Joseph's Hospital, Paterson, on June 8, at the age of 110 years.

**Society Meetings****SOCIETY CALENDAR.**

National Eclectic Medical Association. Meets at Indianapolis, Ind., June 16-19, 1914. W. S. Glenn, M.D., State College, Penn., president; W. P. Best, M.D., Indianapolis, secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1915. R. A. Toms, M.D., president; T. D. Adlerman, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month. D. Alperin, M.D., president; A. S. Gombar, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month. John Birkenhauer, M.D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton street, Brooklyn. Theodore Adlerman, M.D., president; A. B. Wolf, M.D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes street, Brooklyn. A. B. Wolf, M.D., secretary.

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**Eclectic Medical Society of the City and County of New York.**

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held at the office of Dr. Waite, No. 252 West 29th St., June 18th, Dr. Alperin in the chair. The attendance, including visitors from New Jersey, was good.

The minutes of the previous meeting were read and approved. Dr. Waite then demonstrated a few of the latest X-ray and other electrical machines, and made and showed X-ray pictures in a few moments.

A vote of thanks was then extended to Dr. Waite for his interesting demonstration.

Dr. Harris reported a case of syphiloderma pigmentosum, which had resisted all forms of lactic treatment. He then gave two injections of neo-salvarsan, and the conditions cleared up most wonderfully. The red blood corpuscles increased, and the patient gained strength, so that he was able to go out for the first time soon after.

Dr. Birkenhauer reported a case of a chancre of the lip, in a young lady, contracted from kissing her aunt. She had visited dispensaries and other physicians without a cure. Dr. Birkenhauer finally cured her with the Eclectic Alterative mixture. Dr. Pearlstein cautioned the members against the too hasty discharge of lactic patients. In one case, two examinations of the blood showed a negative Wasserman reaction, while the third examination was positive.

Dr. MacDermott cited a case of diabetic gangrene in a female 57 years old. On February 24, 1914, the patient had a temperature of 102 degrees, chills twice a day, greatly debilitated. There was also an abscess forming on the plantar surface of the left foot, which

had to be opened under anasthesia. Urine showed 5.83% sugar. He used copious quantities of hot water irrigation and the constant application of Eclectic Wash. Internally, the patient received R. F. E. Echinacea, Jumbul Cactus and Codine.

The tendons and bones of the plantar surface were destroyed, but finally the circulation was restored, and the patient is at present able to walk.

Dr. Lanzer has had very good results in these cases, from plenty of moist heat, high tension current and high rectal injections of olive oil.

Dr. Harris reported a case of a girl, who had been shot four years ago in the lung; there remained a nasty sinus with considerable discharge. The patient received four injections of the mixed vaccines and the discharge stopped shortly thereafter and she gained 14 pounds.

On behalf of the Alumnae Committee, Dr. Lanzer reported progress.

The financial secretary presented a bill for \$1.50 for postage, which was voted paid.

Dr. Heeve, on the Harrison Bill, reported that the bill had been amended by the Thomas amendment, and as such has passed.

A motion was then made and seconded that a vote of thanks be extended to the legislative committee for their able efforts. Unanimously carried.

The Society then adjourned.

A. S. Gombar, M.D., Secretary.

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### The National Eclectic Medical Association.

In a communication from Dr. John K. Scudder, business manager of the Quarterly, dated June 23, 1914, he says in reference to the annual meeting, held at Hotel Severin, Indianapolis, Ind., June 16-19. "That the meeting was most successful."

"That the registration reached 176 members and 53 visitors, that it was hardly the number expected for such a central location."

"That Dr. Glenn presided with great satisfaction."

"That the Wednesday evening musical entertainment was very much enjoyed."

"That an amendment to the Constitution, making the annual dues \$2.00 for members from states where there are no state societies, the same as other states, was unanimously carried. A new resolution was passed, granting a 35% proportion of dues to be paid back to states desiring to do systematic organization work. The organizer was allowed not to exceed \$200 for general organization work by the correspondence method."

"That the next annual meeting will be held at San Francisco. The new officers elected were, President, Theodore D. Adleman, Brooklyn, N. Y.; 1st Vice-President, W. E. Daniels, Madison, S. Dak; 2nd Vice-President, O. S. Coffin, Indianapolis; 3rd Vice-President, W. W. Maple, Des Moines, Iowa; Recording Secretary, William P. Best, Indianapolis, Ind.; Corresponding Secretary, W. N. Mundy, Forest, O.; Treasurer, E. G. Sharp, Guthrie, Okla."

From Doctor Sharp, the treasurer, to whom we had sent Doctor Thompson's bill for expenses to the Chicago conference, a year ago, we received the following reply: "*That the committee to whom the bill was referred recommend that the bill be not paid and that the society unanimously adopted the recommendation of the committee.*"

In the *Eclectic Medical Journal*, July issue, in a report of the National meeting by Doctor Scudder, we find the following item: "The treasurer's report showed all bills paid and a balance of over \$1,700.00." Is comment necessary?

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#### American Institute of Homœopathy.

ATLANTIC CITY, June 30.—"Militant Homœopathy," furnished the text for the annual address of Dr. De Witt G. Wilcox, of Boston, President of the American Institute of Homœopathists, at the opening of the convention of that body.

He said overtures had been made to the American Medical Association, which met here last week, for a scientific investigation of homœopathic claims. He charged the older organization with having made an "unholy alliance" with the medical departments of the army and navy and with scheming to control every medical college in the country and all the examining and licensing boards.

"Militant homœopathy," he said, "means a return to the old-time warfare, where lines shall be drawn hard and fast." He spoke to an audience of 1,400 doctors, who applauded warmly.

He denounced alcohol as unfit for medicine or food. He said it produced physical and mental degeneracy, that it had been routed as a stimulant, and instead of being a preventive of disease it is the best persuader of all diseases, and hastens the fatal termination of many.

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#### American Association of Progressive Medicine.

The third annual convention of the above Association will be held at Planters Hotel, St. Louis, Mo., September 8-11, 1914. Horace E. Powell, M. D., of Poughkeepsie, N. Y., is President, and L. M. Ottofy, M. D., of St. Louis, Mo., General Secretary. E. G. Jones, M. D., of Burlington, N. J., is Honorary President.

On the Board of Censors we find the names of several prominent homœopaths and eclectics.



On the second day of the meeting several important lectures will be delivered, among which Doctor Royal S. Copeland, Dean of the New York Homœopathic Medical College, will lecture on "Treatment of Diseases of Nose and Throat." Doctor C. Woodward, author of Intra-Uterine Medication on "Substitution for Operations." Dr. Alva Emory Gregory, Oklahoma City, author of "Spinal Treatment, Science and Technique," on Sodylotherapy and many others.

These lectures, it would seem to us, are worth the time and trouble spent in attendance.

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## Selections

### Therapeutic Problems in Senile Cases.

I. L. NASCHER, M. D., NEW YORK.

Professor of Geriatrics, College of Physicians and Surgeons, Boston.

Faulty diagnosis with consequent improper treatment is a frequent cause of lack of success in dealing with senile cases. Perhaps a more frequent cause is ignorance of the action of drugs and other therapeutic agents upon the degenerating tissues of the senile organism. It is fortunate for the physician though unfortunate for medical science, that the laity will complacently accept the verdict "old age" as an excuse as well as diagnosis, and permits the physician to cover his ignorance of senile conditions and senile therapeutics under this expensible cloak.

A few general principles in the treatment of senile cases may be taken as axiomatic.

(1) A pathological change may be cured but the cure will be a restoration to the norm of senility and not to the norm of maturity.

(2) A physiological change cannot be cured in the sense of restoration to the norm of maturity. Disagreeable symptoms may, however, be relieved.

(3) Functional stimulation beyond the normal functional activity hastens degeneration.

Physicians sometimes follow routine methods treating textbook conditions without regard to the individual in whom such conditions exist or are supposed to exist. Our medical journals teem with formulas for diseases ignoring the state or the age of the patient. Among my journal clippings on arteriosclerosis I find over twenty distinct methods of treating this condition, yet in the great majority of senile cases the hardening of the vessels is the normal, natural change which, beginning at birth, proceeds without intermission till death. It may be hastened slowly through improper living or it may be hastened rapidly as the result of an endarteritis due to

blood irritants as in syphilis, alcoholism, gout, nephritis, diabetes, etc. If hastened through improper living it may be retarded; if hastened through a toxemia it may be cured to the extent of the normal hardening. If it is, however, the normal senile hardening with diminished tonicity and waste of the muscular fibers, and increase in fibrous connective tissue nothing will restore the waste or loss of tone. Symptoms may be relieved, secondary effects may be lessened or prevented but nothing can be done to improve the state of the vessels themselves. We can administer alkalies to diminish the viscosity of the blood, Trunczek's serum to restore the equilibrium between the salts of the blood or red amorphous phosphorus to increase the elimination of calcium. The object of these measures is to increase the fluidity of the blood thereby allowing a freer circulation through the organs with consequent better nutrition. Under iodide medication in the secondary forms of arteriosclerosis, whatever improvement is obtained is due partly to the action of the iodine upon the primary disease, partly to the effect of the alkaline base upon the blood. The improvement in the vascular condition will cease when it has reached the state normal to the senile individual. This was well shown in a syphilitic patient aged 62 who had a blood pressure of 180 m.m. Under the use of iodide of potassium for three months the blood pressure was reduced to 160 m.m. and it remained there although the drug was used six months longer. (The normal systolic blood pressure in senile cases is approximately the age plus 100 m.m.)

As the organs and tissues generally reach the limit of development about the same time it would seem natural that they begin to degenerate about the same time, and the process of senescence proceed uniformly in rate and extent. This is, however, rarely the case. Usually some one organ or tissue which has been excessively employed, degenerates earlier and faster than the others. If we find the functional activity of such an organ greatly diminished we are tempted to stimulate that organ notwithstanding the fact that such stimulation hastens degeneration. It is often possible to avoid direct stimulation, by supplying the substance, extract or product of an organ, by lessening the need for functional activity, by increasing the nutrition of an organ or tissue, thereby increasing repair, enabling the tissue to increase its functional activity. A few examples showing the application of these measures, will be cited.

The functional activity of the stomach is diminished through decreased gastric secretions and motor inefficiency. Instead of using the bitter tonics to increase the gastric secretion as we would do in maturity we supply the secretions themselves and as the motor inefficiency is caused by atonicity and waste of the muscular fibers, since we cannot replace these we avoid forced activity by giving

concentrated and predigested foods at intervals of not less than five hours. Against this will be urged the necessity for inert material to stimulate intestinal peristalsis. Here again we have lessened functional activity due to atonicity and waste of the muscular fibers and also lessened intestinal secretions. The result is slowed intestinal digestion, absorption and elimination. Instead of a daily stool there may be a natural stool every second or third day or there may be a daily stool containing the waste of two or three days before. The latter condition is the more serious as it gives a longer time for the absorption of the products of intestinal decomposition, yet it is rarely recognized. A normal stool every second or third day needs no treatment; a daily dry, foul smelling stool requires treatment. We must first secure a thorough evacuation using a peristaltic stimulant like aloin or cascarn in a mineral oil, alboline or liquid paraffine. This is given at night and followed by a rapidly acting saline cathartic in the morning. It may be necessary to repeat this treatment two or three days in succession so as to secure the elimination of the waste of the preceding day. The prolonged use of the peristaltic stimulant will hasten the degeneration of the muscular fibers and constantly increasing doses of the drug will be required. This is not due to habituation for if we change the drug the substitute must be given in correspondingly large doses. (It is a common mistake to combine belladonna with aloin. The belladonna relieves griping by lessening peristalsis thereby counteracting the effect of the aloin.)

In the lessened activity of the liver undergoing senile degeneration, evidenced by fatty, light colored and foul stools without jaundice, the bile salts should be given to supply the deficiency of bile instead of using hepatic stimulants, at the same time diminishing fat ingesta.

The uncertainty of the rôle played by the ductless glands in the economy is well illustrated by the senile spleen. The senile degeneration of the spleen is more marked than in any other organ, the weight being often less than one-half of the spleen of maturity and consisting mainly of connective tissue fibers which compress the trabeculae and the blood vessels thereby cutting off or diminishing the nutrition of the organ. Yet the blood count in old age is the same as in maturity and feeding with spleen substance has apparently no effect upon the blood.

While the functions of the excretory organs and tissues are diminished in old age it is rarely necessary to stimulate them unless profound pathological changes occur as in the kidneys. Even then it is better to depend upon increased ingesta of fluids and a salt free diet than upon renal irritants. In an emergency, of course, all general rules must give way to emergency treatment. It is generally

possible to increase the functional activity of the skin by increasing the nutrition through inunction with animal fats, and increasing the surface circulation by massage. Pilocarpin which is generally effective as a diaphoretic in maturity should never be given in senile cases except in an emergency as its diaphoretic effect is greatly diminished and its depressant effect upon the heart is greatly increased in old age. If given at all it should be combined with strychnine.

In muscular degeneration we can often diminish the necessity for excessive functional activity. In cardiac decompensation, the result of advanced myocardial or valvular degeneration the most important factor in the treatment is rest, as physical activity increases cardiac activity with consequent greater functional perversion. We generally find two forms of degeneration in voluntary muscles, fatty degeneration from disuse and atonicity and waste from excessive use. This can be seen in the arms of the artisan who uses one hand. The inactive arm does not diminish in size but it becomes soft and flabby while the active arm is atrophied but its consistency is only impaired. In this case active employment of the disused arm may cause a resorption of fat and increased circulation with consequent increased nutrition and increased functional capacity while the other arm needs rest. It is sometimes necessary to diminish cardiac activity as in apoplexy. In apoplexy where the main indication is to reduce cerebral circulation better results can be obtained by causing rapid hyperemia in the lower part of the body as by a mustard foot bath than by cardiac depressants.

The following two cases in which diminution of cardiac activity was indicated, are interesting. The first is a man 73 years old, quite active, who suffers from palpitation of the heart and bronchical spasm upon slight excitement or over-exertion. During an attack the pulse is irregular in force and frequency, beating at the rate of 90 to 100 a minute. Icebags over the heart produce a slight shock and increase the spasm. In this case a hypodermic injection of aconitine 1-200 grain, morphine  $\frac{1}{8}$  grain, atropine 1-120 grain and strychnine 1-60 grain, gives immediate relief. Here we have two sets of antagonistic drugs, morphine and atropine, and strychnine and aconitine but they are antagonistic only in certain directions. The atropine prevents the depression of the respiratory centers but it does not inhibit the antispasmodic action of the morphine. The strychnine overcomes the cardiac depression but it does not prevent the lowering of the pulse rate produced by aconitine. Digitalin cannot be used in this case on account of a cerebral arteriosclerosis. The second case is that of a woman aged 65 who has occasional hysterical attacks. She had hysteria as a girl but no attacks from her twentieth to her forty-sixth year when her husband died during her menopause. Toward the end of an attack she passes a large



amount of pale urine. On one occasion over fifty ounces were passed although the usual daily output is from thirty-five to forty ounces. I found that every attack followed some unusual event, either a celebration when she would drink perhaps eight or ten or more glasses of beer, or a more serious event when she would drink a glass of kummel or whiskey. When she takes strong alcoholic drink she says she feels burning up inside and she must drink a large amount of water. She herself discovered that when these attacks of "nervousness," headache, heartache and mental depression came on, a large dose of Rochelle salts would give her relief. She neglected the remedy when she recalled that she had had a stool that day and then she ascribed the attack to grief or excitement. In this case the increased ingesta of fluid caused overfilled blood vessels with consequent increased cardiac activity, cerebral hyperemia, and increased renal activity. As the excess of fluid was being stored in the bladder the cerebral hyperemia gradually subsided. The benefit from the saline was not due to the catharsis which it induced but to the rapid withdrawal of fluid from the circulation through osmosis. Hysteria is infrequent in old age. In this case we had a clearly defined etiological factor and an equally clear indication for treatment.

In the foregoing cases except the last two, little mention has been made of diseases, for the normal senile degenerations are not diseases. Senility is a physiological entity like childhood, not a pathological state of maturity. Drugs often act differently upon the senile degenerated tissues than they do upon the tissues in maturity. In many cases the secondary effects are more pronounced than the primary effects, as when giving morphine in the usual dose as a narcotic may produce paralysis of the respiratory centers. This, not the cerebral effect, is the danger when giving opiates to the aged.

Owing to the slowed absorption of vegetable tinctures especially those containing tannin, the action is delayed and we are tempted to give increased and repeated doses with consequent cumulative effects. Digitalis may not show its effect upon the pulse for twenty-four hours after it has been taken. Soluble salts are readily absorbed and should, therefore, never be given with vegetable tinctures if we want the combined effect. It is hardly necessary to refer to the error of giving iodides while there is starchy food in the stomach. The inorganic iron salts are absorbed slowly or not at all from the intestines. Sallowiness in the aged is not an indication of deficiency in hemoglobin, but if an examination of the blood shows such deficiency it should be replaced by hemoglobin or hemogallol. Calcium has no place in senile medication as it is retained in excess, such retention being one of the factors in the process of senescence.

There are in the senile state what may be called physiological



anomalies, as localized hypertrichosis with the general loss of hair, localized bromidrosis with the general dryness of the skin, fat deposits with general tissue waste. These present therapeutic problems. We cannot increase the growth of hair in the normal locations and the only certain method of treating the hypertrichosis is by mechanical removal. We may be able to relieve the dryness of the skin temporarily by diaphoretics which leave the skin drier than before, after their ephemeral action has ceased, or by massage and inunction with animal fats. Massage, however, while increasing the surface circulation and stimulating the sudoriferous glands hastens their degeneration. A localized bromidrosis can be temporarily relieved by astringents and atropia but the drugs must be continuously used and in increasing quantities until they produce local or constitutional havoc; and when they are discontinued the bromidrosis returns with increased fetor unless the drugs have produced local lesions. It is possible to increase body weight by forced feeding with concentrated and predigested foods. It is not possible to remove localized fat deposits in some locations as under the neck or upon the abdomen except mechanically by lipectomy.

I have, in another paper, explained the rule for dosage in old age, increasing doses of stimulants and decreasing doses of depressants, combining drugs to overcome secondary effects which in the aged are sometimes more pronounced than the desired effects. Other therapeutic measures employed in maturity must be modified to meet the altered senile state. Psychotherapy is very effective, but praise and threats are often more potent than simple suggestion. In disorders arising from suggestion or unconscious mimicry threats sometimes give the best results. The aged companion of a patient suffering from senile tremor, acquired a similar tremor which persisted after the two were separated. The threat that he would be deprived of food unless he controlled the shaking was once effective but the tremor was immediately resumed after that meal, when, however, the meal was actually taken away and he was threatened with starvation he controlled the tremor and there was no relapse. I have repeatedly referred to the beneficial psychic influence of flattery and will not discuss it here.

Hydrotherapy has clearly defined limitations in senile cases. The aged as a rule cannot stand the shock of the cold bath, plunge, pack, or shower. The very warm bath is dangerous as the sudden filling of the surface capillaries disturbs the circulatory equilibrium and the heart action. The Nauheim bath is contraindicated. Mineral waters containing a large amount of calcium salts are to be avoided. The active cathartic waters are contraindicated except in the obese or in cases where they may be required for temporary use.

Mechanotherapy has but a limited application in senile cases. It

is of service in fatty degeneration from disuse, in stiffened joints as occur in arthritis deformans, in overcoming the tendency to stoop although braces and a cane produce more permanent results.

More important than drug treatment in senile cases are hygiene and diet. These must be modified to suit the case, the location, character and extent of degeneration and no general rules can be given.

—*Medical Review of Reviews.*

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### Some Obstetrical Danger Signals.

At a meeting of the Clay-Lowndes-Oktabbaha Association, held in Starkville, Missouri, Dr. J. W. Unger read an interesting paper from which we are permitted to quote.

After giving briefly the clinical history of three striking obstetrical cases, he emphasizes the importance of three danger signals in handling cases of this character.

The first danger signal is *high arterial tension*. "No physician does his duty to his patient," says Dr. Unger, "who does not utilize one of the many blood pressure instruments on the market and learn from its reading the patient's danger before it is too late."

The second danger signal is *the presence of acid intoxication*, a condition resembling that found in diabetes and probably representing the imperfect oxidation of carbohydrates.

The third danger signal is *insufficient excretion of urea*. The degree of elimination of this substance, in Dr. Unger's opinion, furnishes an index to the toxic wastes which have accumulated in the blood. Urea is always found markedly diminished in the so-called toxemias of pregnancy, and the amount of urea excreted is proportionate to the condition of the patient.

After discussing the theories relative to toxemia of pregnancy, which he does exhaustively and in a most interesting manner, Doctor Unger concludes his paper as follows:

"I shall now suggest some therapeutic agents which if discriminatingly used, will save some patients otherwise doomed. Examination of the urine monthly for the first six months and every two weeks thereafter is necessary for the benefit of the physician and the wellbeing of the patient. The patient should be instructed to notify the physician should headache, dimness of vision, edema or jaundice appear, all of which are symptoms of toxemia.

"The urine voided during the twenty-four hours should be measured, and if found scanty and high colored, should be estimated for the total output of albumin and urea with Esbach's albuminometer and Doremus' ureometer. The normal output of urea is twenty to twenty-four grams in twenty-four hours.

"In view of the formerly expressed opinion that normal excretion does not free the woman from danger, and especially if the urine contains albumin, precautionary measures should be taken by placing the

patient on an exclusive milk diet, which serves both as a food and diuretic. I have such confidence in the milk diet, if exclusively and persistently employed, that I am confident that no case of convulsions will occur after it has been used for eight days.

"Should the patient have threatening symptoms, induce elimination with hot packs, sweat baths, and the use of an alkaline purgative. Experimental research has clearly demonstrated that the autotoxic power of the blood is inhibited by a diminution of its chemical salts; and as Jacques Loeb has shown that sodium chloride is essential to the life of the cell and that it heightens osmosis, and in view of these facts, it may and should be given by hypodermoclysis and interoeclysis. Muscular exertion should not be allowed, thus preventing the development of sarcolactic acid and its introduction into the blood and lymph channels and thereby adding another poison to the already overburdened toxic system.

"Thyroid extract should be given in from 3- to 5-grain doses every three hours, the object of which is to stimulate the adrenal mechanism, thus increasing the autotoxic activity of the blood. *For the reduction of arterial hypertension veratrum viride is probably equaled by no other remedy; twenty to thirty drops should be given every two hours per os. After convulsions have developed, from forty to eighty drops should be given hypodermically. There is a special tolerance for veratrum in eclampsia evidently, because cases have been reported in which 400 drops have been used and the patient recovered.*

"Personally, I regard lobelia as one of the best agents we have for the control of convulsions. I have succeeded in several cases with it when all the recognized agents had been used ineffectually. It is the Krupp gun in the therapeutics of eclampsia.

"Next to the aforementioned remedies I shall put chloral and the bromides. Chloroform may be used as an emergency remedy, though it is objectionable because it irritates the vaso-motor center and the liver, which makes it undesirable when its use can be avoided. On account of the diminished alkalescence of the blood, alkaline agents are indicated and should be given. Owing to the large amount of lime salts needed in the organogenesis of the fetus, they are required and if given will be found to dissipate many of the symptoms incident to the pregnant state.

"Bearing in mind the possibility of bacillary infection of the overburdened liver and the organ oftenest diseased in the toxemias of pregnancies, methylene blue may be given as a biliary antiseptic. *For the septic state of the blood I have given echinacea and with most gratifying results. One other agent I have used to prevent convulsions recurring is copper arsenite. While I might review many other means and agents which have been employed, those already suggested will be sufficient in the greater number of instances.*"—Clinical Medicine.

### Cramps of Cholera Morbus.

The approaching season of heat, with its following train of stomach and intestinal diseases, emphasizes the proven value of Hayden's Viburnum Compound in Cramps of Cholera Morbus and Muscular Cramps.

H. V. C. is compounded only from selected material, depending for its therapeutic efficiency upon the recognized value of Viburnum Opulus and Dioscorea Villosa, combined with Aromatics.

Dr. Torold Sollman in his text book, "Pharmacology," page 510, recommends Viburnum Opulus in Muscular Cramps.

"King's American Dispensatory," page 2059, Vol. 2, refers to this same product in like conditions.

Prof. Potter, in his "Materia Medica, Pharmacy and Therapeutics," page 266, recommends the employment of Dioscorea Villosa in Cramps of Cholera Morbus, and Prof. Ellingwood in his text on "Materia Medica and Therapeutics," page 336, also advises its employment.

Hayden's Viburnum Compound presents Viburnum Opulus and Dioscorea Villosa in their most refined and active state, and when given in hot water, a pronounced effect will be observed when employed in Cramps of Cholera Morbus and in Muscular Cramps.

## Book Reviews

MEDICINAL PLANTS OF NORTH AMERICA.—*Edited by A. W. Smith, A. M., M. D. Published by the American Materia Medica Association, Berwyn, Ill. Vol. I. Price \$3.00.*

A better man than Doctor Smith could not have been selected to edit this volume. For a number of years Doctor Smith was Professor of Materia Medica and Therapeutics at the Bennett Medical College, and since the organization of the American Materia Medica Club, he has been its Secretary. His experience as teacher and author covers a period of over a quarter of a century, and the study and investigation of the Medicinal Plants have been with him almost an obsession. In this volume he presents a most thorough and exhaustive report on the medicinal plants of North America. Doctor Smith has been assisted in these reports by many prominent teachers and authors on Eclectic Materia Medica, so that this volume contains the history and therapeutic indications of a great number of medicinal plants, (eclectic medicines) presented by the master minds in Eclecticism. This volume should be on every practitioner's desk, for if it does not present to him any thing very new, it may recall many indications for drugs and medicines although old and forgotten that are none the less positive.

THE MULFORD DIGEST.—*Published by H. K. Mulford Company, Phila.*

The June issue is before us and although this is a trade journal it contains a great deal of valuable information useful to the practitioner. Although these trade journals as a rule are purely for the purpose of pushing the products of the publisher this number contains much condensed information on the vaccine treatment which may or may not meet your approval, but it is none the less important for you to be posted upon.

Write the Mulford Company for a copy.

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### Items

T. D. Adlerman, M.D., was the only representative of Greater New York at the National meeting.

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The automobile excursion of the Brooklyn Therapeutic Society was held Sunday, June 21st.

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The registration at the National, at Hotel Severin, June 16-19, showed 176 members and 56 visitors in attendance.—Scudder.

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The members of the Eclectic Medical Society of the City and County of New York who attended the June meeting at Dr. Waite's offices had a most enjoyable and instructive time. Dr. Waite's demonstration of the X-ray apparatus was most interesting.

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Arcangelo Liva, M.D., who is located at 253 Stuyvesant Ave., Lyndhurst, N. J., writes us a pleasant note announcing his success in this neighborhood. There are several doctors, but he is the only specific medicationist. To this he credits his great success.

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In London, on June 9, Rebecca Clark, said to be the oldest English woman, gave a birthday party on her 110th anniversary.

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**Berlin Bans Alcohol in Candy.**—"Chocolate candy drunks" today went under the official ban of the Berlin police and several arrests were made of confectioners selling to children candies containing liberal doses of intoxicants. Herr von Jagow, president of the Berlin police, personally started the crusade when he found that the consumption of whiskey hidden in chocolate coated confections was rapidly becoming a menace to the health of school children.

The reports of the Recording Secretary, Corresponding Secretary and National Organizer were very comprehensive and satisfactory, showing a membership of over 1,300.

(Scudder in "Eclectic Medical Journal.")



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DISEASES OF CHILDREN.

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# THE ECLECTIC REVIEW

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## Hints and Winnowings.

**Specific Medication** necessitates thoughtfulness as well as close observation. In order to become a successful specific medicationist one must acquire the habit of endeavoring to comprehend the meaning of even the slightest departure from the normal standard of health. Such comprehension is not always an easy task, but persistent effort will in time enable one to become very proficient along this line, and to secure much food for thought. These thought-producing observations cause one to think along straight and practical lines, and it is possible that such practical thinking may, in a measure, account for the fact that the Eclectic school of medicine has possessed, and still possesses, many excellent authors. When one habitually thinks deeply on a given subject he is very likely to acquire the power of lucidly expressing his thoughts, as well as clearly describing the results of his observations. One of the writers herein referred to—Dr. J. F. Willard, of Los Angeles, Cal.—recently read a paper on Specific Medication before the California Eclectic Medical Society that is worthy of more than ordinary consideration. If it could be read by the entire medical profession much good might be accomplished.

The following interesting and instructive abstracts from Dr. Willard's paper are taken from the "California Eclectic Medical Journal":

"We are so inclined to seek that which seems easiest, which requires the least time, least effort, least worry, and least sacrifice, and, unfortunately, while in this frame of mind, we are prone to run after 'false gods,' take up fads, develop specialties, be led astray by branches, pathies, isms or freak offshoots of this most noble of all the professions, until today the title of doctor is in danger of becoming a term of contempt instead of a symbol of respect and honor. The tendency seems to be to avoid the real work and look for some quick, short or easy route of cure or devise some method of treatment as nearly as possible automatic in action. That the axiom 'The greatest return for the least effort' is the slogan of many physicians is proven by their gunshot prescriptions and compound

mixtures, each of which is recommended to cure about all the ills that flesh is heir to; and recent, if not last, are the bacterins, serums and vaccines—autogenous and otherwise—which are guaranteed not only to cure all forms of infection but to act as a prophylactic and give immunity from disease. While this panorama of dreams is passing along, we sadly note that not a few of the brethren of our American school are inclined to follow the elusive will-o'-the-wisp, which we fear will lead them into a dismal swamp whose waters and mire will engulf them, or into a jungle of brambles whose thorns will sorely wound them. In the face of all this, is it not high time there should be an awakening to the fact that not yet has there been discovered anything in the science and art of medicine which exceeds the success of our American practice and that there is no limit to the field of study offered by Eclecticism? It is specific, it is direct, and, when coupled with or directed by specific diagnosis, it is as scientific, as demonstrable, and as positively correct as a mathematical calculation.

"Specific diagnosis and specific medication are so intimately bound together that to know the one is to understand the application of the other, and to an Eclectic who knows the 'wrong of life' by specific diagnosis, the application of the specific medication required is as an open book. Yet to know that a specific remedy will relieve a specific condition is not enough for the true Eclectic. He should carry the study deeper and profit in equal measure. Therefore I say unto you: open your histologies and physiologies and study them well and you will find through what channels and upon what organs or structures of the body your remedies act or for which class of tissues or group of cells each of your specific medicines has an affinity. Then, knowing the histological structure and cellular action of the body, you will know by specific diagnosis the class or group of cells which are in trouble and the character of the trouble, and you will know by specific medication not only how to remedy the trouble but why you have righted the wrong of life of these microscopic bodies.

"Are these cells too active or excited, causing themselves or others injury? Or are these little beings depressed or sluggish, their work being below normal as a result? What is the cause of their wrongdoing? Is it because of toxic substances by which they are irritated or is it due to poor material with which they are building? Is it excess, defect, or perversion which requires our attention? Is it excitation or is it depression? Surely you should know all these, for you would not supply a stimulant to an already excited organ nor a sedative in a condition of depression. Truly you would not prescribe *nux vomica* for tonic spasm nor *gelsemium* in passive congestion.

"Now let us make a brief study of a specific medicine. And since there are many ills of life with an increase of temperature, let us study a sedative, say specific aconite. How many are there among us who know all there is to know of this wonderful remedy? Let us recall from our books. Aconite is diuretic, depressant, diaphoretic, a sedative and a good remedy for fever, etc., *ad libitum*. It is a powerful and most valuable sedative when indicated; and here we have the story of the small frequent pulse, the large and easily compressed pulse, etc. We will say of aconite 'a most powerful local anaesthetic.' And shall we stop there? Is this all there is to know of this one of the most valuable of all specific medicines? Well, no! Let us at least go one step further and learn of its real influence, of its direct or specific action. The prescription might read: *Sp. M. aconite*, drops 5, water 4 ounces; mix and give one teaspoonful every hour, etc. Now follow it and note its mechanical action, its chemical action, its specific or direct action, and learn why it influences and how it produces results.

"Specific aconite in its way is anaesthetic to the part or parts with which it comes in contact, checking excitation and relieving irritation by controlling sensation. Its specific action is first upon the vasomotor nerve filaments which supply the very delicate endothelial cells that line the heart and blood vessels. These nerve endings or nerve plates are derived from the great sympathetic nervous system, which supplies and controls all non-striated muscular fiber so that, second, its action is upon the muscle walls of the heart and vessels. Later its action is upon the cerebrospinal system, causing anaesthesia of the sensory and central control cells.

"This Eclectic remedy, entering the circulation, is carried through the arteries, arterioles, capillaries and veins by the blood and thus comes in direct contact with every part of the body. It might well be compared with a local anaesthetic spending its influence upon the cells and nerves by contact. Under its anaesthetic influence the excitation and irritation of the cells subside, the vasomotor nerves are soothed, the non-striated muscle fiber of the vascular walls relax, the vessels dilate and the volume of circulation is permitted to pass more readily and with less resistance. The result is: the small, wiry, frequent pulse is changed, the pulse wave becoming larger, softer and slower until the normal is reached. Then 'as is the circulation so will be the temperature,' and this is Eclectic medicine.

"Now take another specific sedative, one that is thoroughly Eclectic, and write *veratrum*, and we will give it a brief study. Indications for *veratrum*: A hard pulse; a large or full hard pulse; a full, hard, bounding pulse, with increase of temperature and determination of blood to a part, and we have need of a sedative. The inclination is perhaps to an inflammation of a part, but the special note is the hard pulse, the quality being the special feature. The musculature of the



arteries, especially the circular coat, is in a state of high tonic agitation. Every muscle fiber assisting in the impulse wave makes its contraction with a firmness and is complete. The non-striated muscle fibers of the vessel wall are in high tone and the contents of the arteries are forced forward regardless of the condition of the capillaries to receive it. This gives the quality of hardness to the pulse. Especially will this be noted in erythematous conditions.

"The direct affinity of veratrum here is not upon the endothelial lining cells, but, first, upon the end-plates of the vasomotor nerves which supply the vascular musculature and through them it acts as a powerful antispasmodic to the non-striated and cardiac muscle. The action of veratrum is the reverse of tonic action. It is an antitonic, acting directly and firstly on the vasomotor end-plates, then on the gangliated cord, then on the spinal system, especially the sensory horns, and later on the various secreting glands of the body, to which it becomes an irritant. As an antispasmodic, it overcomes the tonic agitation, relaxes the muscle fiber and prevents its complete contraction. This permits the blood to flow through the vessels more quietly and produces a slower and softer pulse wave. The tonic agitation of the arteries being lessened, capillary congestion is relieved, circulation is adjusted to the requirements of the condition, and the temperature drops. For 'as is the circulation in a part, so will be the temperature of the part.'

"This is the science of direct or specific medication for a pathological condition and this is Eclectic medicine."

**Diagnosis**, as clearly pointed out by Dr. James Krauss, is many times based upon insufficient examination of the patient. Every physician should endeavor to have his diagnosis of a given case represent a conclusion arrived at after gathering all ascertainable facts—a conclusion as to the anatomic position that the disease occupies, as to the physiologic phenomena that it presents, as to the etiologic factors that are presenting themselves, as to the therapeutic indications that call for removal or adjustment. We don't have to separate, we cannot really separate pathology from therapeutics. The trouble is we examine our patients insufficiently, we try to reach conclusions from insufficient premises, and then we say, we must have another kind of examination, to arrive at the proper remedy. How can we choose a remedy until we know all the facts of the case? How can we know all the facts in the case until we have exhausted all that we can find in that case? We must learn to examine our cases completely. We must learn to see, and we must learn to think. Science simply states facts. We have to find our facts that we want to bring into relationship with what science teaches.

**The Eugenist**, says the *Hameopathic Envoy*, is one-legged. He works for physical perfection. A man may be a mental giant yet not come up to his standard. Another man may be physically per-



fect yet an undesirable citizen. The former is eugenically condemned while the latter is allowed to propagate the future race. The ideal eugenist will look at both sides and then conclude that he is not fitted to be a God in the matter. Had a eugenic marriage law been in force a generation or two ago where would many of its present advocates be?

The sexual impulse, according to tango dancers, is never given the slightest thought while doing their hops, twists and general mix-ups, but the Rev. "Bob" Jones, the noted evangelist, says that an individual who makes such a statement "is either more than a man, less than a man, or just a plain liar."

FYFE.

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## Original Articles

### The Factors Of Disease.

BY A. F. STEPHENS, M. D.

In applying remedial measures to the cure of disease it becomes necessary to resolve the composite into its factors before attempting to apply a treatment if we expect to go about it in a rational manner. Failures to do this acted as a bar to a successful practice of medicine in the past, and it still acts as a bar to the successful treatment of disease by the adherents of the old school today. It is the cause of the unsatisfactory medical practice of the present and has led to a state of nihilism in the allopathic branch of the profession whose chief pride has been in its ability to give names to the many pathological conditions found in the human race. To name a disease has been the ultimate attainment of the old school physician. The treatment has always been considered as secondary. So intent has he been in diagnosing, or naming disease, that he has neglected the more important matter of treatment with the result that he, today, repudiates drug medication and trusts to Nature, hoping that she has strength enough to withstand not only the disease, but also, the instillation of extraneous disease-elements into the blood of the victim.

It has not been so long ago that a noted Chicago authority declared publicly that "There is no known remedy for pneumonia, but that the disease must be left to run its self-limited course." And because of this—a lack of knowledge nearly one half the people who are stricken with pneumonia die. Now we will all admit that, taking the disease, pneumonia, synthetically, there is no reliable treatment for it; nor for that matter, is there for any other disease name. But separated into its factors there is a prompt, efficient and satis-

fying treatment for pneumonia as well as for every other diseased condition. All diseases are made up of a number of factors, the sum of which constitutes a certain pathological state which we designate by a name for the purpose of intelligent inquiry; but to accomplished satisfactory results in our efforts to eliminate the whole it is absolutely necessary to eliminate the factors one by one; or at least to apply our remedies directly to the factors and not to the product of the factors.

An illustration to those who are not familiar with the Eclectic treatment of diseased conditions let us have a look at this same pneumonia, (all diseases are similarly made up and all are capable of such analysis). We will have then:

Pneumonia, or Inflammation of the Lung. Synthetic—(Analytic)

- 1—Congestion due to vasomotor paralysis.
- 2—Rapid, forcible action of the heart.
- 3—Cough due to irritation and pressure.
- 4—Sharp, pleural pain.
- 5—Nervous excitement.
- 6—Hot, dry skin.
- 7—Flushed face, bright eyes, hot head.
- 8—High temperature.
- 9—Absence of desire for food.
- 10—Great desire for water.
- 11—Bowels constipated.
- 12—Urine scanty and high colored.

Here we have a dozen factors into which pneumonitis is resolved, although these factors will differ in different cases: They are not always the same.

Now suppose we were to attempt to direct our treatment to the disease as a whole, is it difficult to perceive what the result will be? But suppose we apply it to two or more cases in which the factors are very unlike. Is it so very difficult to comprehend that while one may be helped to a good recovery the other will be hastened to an untimely death.

Do you see the point? But, if we apply intelligent discrimination in seeking out the factors of the disease and a like intelligent care in selecting means to eliminate these, nearly all cases will be helped to a speedy and satisfactory recovery and no one will be hastened to his grave.

Let us then compare the treatment under the synthetic and analytic methods. Under the synthetic method of diagnosis the patient will be given an injection of pneumococcic serum. What for?

Will somebody who knows please explain? As we already know your stock argument it will be unnecessary to repeat it. After receiving his pneumococcic serum a period of "watchful waiting" will ensue with the hope that something will turn up. Perhaps there will, and it will be the patient's toes, feet to the East. Or maybe the patient falls into the hands of some one who still makes a bluff at administering drugs and he gets his dose of calomel. What for? Then *something* to *stop* his cough. Why? What benefit, please, may be derived from paralyzing the delicate nerves of sensation and drying up the secretion, the very thing we ought to avoid? Our whole attention should be directed toward the re-establishment of normal secretion. After calomel and aspirin, pray, then what? Why, more "watchful waiting" until the patient breaths his last or slowly regains a degree of health in spite of our mal-practice which has been done to him.

On the other hand, if the patient is given something to overcome the pulmonary congestion—ferrum phos. 3x (or a very little soluble citrate); or very small doses of belladonna to start the vasomotors working; if he is given something to tone down the forcible heart-action, preferably small doses of veratrum; if the cough is controlled (not stopped) by remedies which relieve irritation but do not destroy nerve action, such as ipecac or lobelia instead of morphine, codiene or aspirin; if the pleural pain is subdued by bryonia or asclepias instead of some life-destroying coal tar derivative; if the nervous excitement, hot head, flushed face, bright eyes etc., are tempered with gelsemium; if the temperature be permitted to adjust it self through the removal of the major factors; if food is withheld during the period of high temperature and plenty of water allowed the patient; and withal if he is kept clean and comfortable the waiting for recovery will be short and one's anxiety can be held at the minimum.

Choose you this day whom you will serve. It must be either the god of truth and righteousness, and balanced sense, or it will be the mammon of commercialism; for we cannot serve two masters. Are you on the side of safe, sane and certain curative medication directed toward elimination of disease factors, or are you obsessed and possessed of the devil of rotten therapy derived from tortured animals made sick by pollution of their blood by inoculation with the products of human disease?

Medical insanity grows apace and race deterioration must inevitably result from forced pollution of its blood.

St. Louis Mo.

**Neglect of Hygiene a Burden to Certain Workers.**

BY O. H. ROHDE, M. D.

Aliens in enormous numbers are constantly coming to our shores—many of them from sections of Europe where sanitary laws and regulations are practically unknown. The most of these emigrants, having been born and reared among unclean surroundings, find it extremely difficult to understand the absolute necessity for cleanliness and ventilation. These people come to the new land for various purposes—the larger part to work, to save money, to make new homes, and to practically begin a new life. It is under many difficulties that they attempt to make homes in our cities. We find them housed in tenements of almost every undesirable character, and only those who come in contact with them in their home life can readily understand why an early grave is filled; why a father sinks under a burden placed upon him by ignorance of the simplest law of health, leaving a wife and many helpless children. Let us review a few of the most common causes. As soon as work is secured and the family settled, the habits followed in their old homes are renewed and perhaps aggravated. They are huddled together in small rooms; in many cases four families occupying a single floor provided with only one toilet and one sink for the entire floor. The cellars of such tenement houses are seldom or never kept clean, and they are usually made dumping grounds for all sorts of refuse, much of it in a state of decomposition. In many such places there is an underground alley leading to houses in the rear that are equally crowded and unsanitary. In these rear yards there is in many cases to be found old privies overflowing with filth of the vilest character. The rooms occupied by these people are constantly filled with foul air largely made so by reeking odors from the dirty privies in the back yard and the neglected toilet situated just outside the kitchen door. There being no entrance for fresh air, the air within the rooms is constantly contaminated by the odors of cooking, many dirty human bodies, tobacco smoke and stale beer. This germ-carrying air is inhaled and re-inhaled by the ignorant inhabitants of these so-called homes. Under such conditions what can medical treatment and nursing do? Little indeed. These workers dislike the use of water as a bath, not only on account of their ignorance of its value, but from lack of suitable conveniences for bathing purposes. When male and female boarders live with the family bathing becomes impossible.

A great deal of weakness and sickness among these people is caused by want of a knowledge of proper cooking and the rapid manner in which food is eaten, making digestion extremely difficult. I recall a case which well represents their diet and its frequent effect. A workman was suddenly taken sick, complaining

mainly of pain in the stomach and bowels. I learned that his mid-day meal had consisted of heavy rye bread dipped in melted lard, pork scrapple, pickles, potatoes and ice cold beer. Beer is generally used to excess by these workers, and as a result the sleep at night is very heavy, making it hard for the housewife to arouse the men and hurry them off to work, and this is usually delayed until the last minute. This leads to poor work and many accidents at the mills. It is too often the case that the wife acquires the beer habit, claiming that beer is necessary—that it increases her breast-milk for the baby. When she has a sick baby that is struggling for pure air and life, and is told that foul air, tobacco smoke, beer-milk and an unclean body are among the causes of her baby's illness you are given a shrug of the shoulder and a look of doubt. You receive the same response when you inform the mother that a child one or two years of age, suffering from high fever, has been made sick in consequence of being given everything on the table, from beer to meat. This dangerous feeding of children is due to ignorance and neglect.

The cooking utensils are left uncleaned by many of these housewives until they are again needed in preparing another meal, and sometimes not cleaned even then. Improper diet and bad habits eventually cause debility, loss of time and finally loss of work. The true cause, however, is never recognized.

Sometimes a cleanly and cheerful girl marries a shiftless workman, to whom, in time, many children are born. The mother for years struggles to rear her offspring and care for her home, but finding that her effort is a one-sided one, gradually breaks down and becomes even more shiftless than her husband; the children follow the example of their parents, and what might have been a cheerful home becomes simply a place to eat and sleep. Such families are unwilling to receive proper instructions, but, on the other hand, many of these workmen's wives gladly listen when told how to keep their homes, to regulate ventilation, to cook, to buy the most nourishing food, to dress themselves and children, to watch their children's bodies and to give them sanitary care, together with suitable food; and how to protect milk and other food. It is, however, difficult for them to place these facts before a workman, for when he returns from work he is likely to feel too tired to listen, and the younger men and girls of the family seek other places for fresh air and amusement—the parks, the saloons and the dance halls, and more especially the latter, where late hours and evil associations are likely to unfit them for efficient work.

On visiting these work people it is not an uncommon thing to find a patient in a windowless bedroom, and when a call is made in the evening, to find the foul air made worse by tobacco smoke



from many pipes in use. Here energy and vigorous language are required in order to secure needed air for the sick one.

While practicing among these workers I have always made it a rule to advocate hygienic teachings and to spread them in every household I became acquainted with, to endeavor to have the home clean and ventilated, to aid the husband in regard to his habits and protecting his health, the wife to understand the care of children, cooking, cleanliness, exercise, care of clothing and ventilation, and have been cheered to see progress follow my efforts. These people learn only by example and suffering, and so learn slowly, but the least improvement is progress.

Brooklyn, N. Y.

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### The Present-Day Doctors.

BY E. R. WATERHOUSE, M. D.

The sorrows of the sire becomes great, as he beholds his children crying for bread. This applies to the conditions that are now facing the American Medical Association. It is a well known fact that for years the people have been losing respect for the physician, until today he stands as a sort of commercial figure, along with the barber and the plumber. Years ago the old family physician was loved, and stood nearer to the heart of the household than did any other outside of a direct blood relative. The words of advice from the good old family doctor, were cherished as if it had been sent from the higher world. Today we see the people chasing after "strange Gods." The following of Christian Scientists, Osteopaths, Chiropractics, etc., etc., number into the millions why has this change come upon us? It is the result of a backward trend in their college teachings, and to the fact that the modern physician is no longer able to "deliver the goods," and the confidence of the people has gone glimmering.

At this day the study of therapeutics has given way to the technique of the knife. Drug study has been almost entirely abandoned in the colleges under the dictation of the A. M. A.

Their students launching themselves upon the field of medical practice, are entirely ignorant of therapeutics, or the laws governing the administration of drugs. They pin their faith to the knife, and some half dozen remedies, mostly narcotics. What is the result? Too much surgery, too high a death rate, and too much misery and uncertainty. When a man finds that one of his family has pneumonia, he is at a loss to know who to run after, the doctor or the undertaker. If he gets the former, he is almost certain that he needs the latter before the scene is closed.

Had this student dug deep into the study of drug action, and

obtained a working knowledge of some five hundred important remedies, his work would have been crowned with a degree of success that would have intrenched him in the confidence of the family, so that no Christian Scientist could have ousted him. No Osteopath with his thumb-digging, rib-punching gymnastics could drive him from the family. Today this class of physicians are setting up a mighty howl, and are asking for laws to down their competitors, and further laws to compel the people to employ them, whether the said people want them or not.

The first in line of this legislation is the compulsory examination of school children. The little Dr. Two-by-four, with his hungry look that betokens his \$40 a month salary, informs the parents by a note that Johnny has adenoids, and a very bad condition of his tonsils, and that they should take him to a physician at once, and that Dr. Smith who lives just around the corner is an expert in this class of cases. Does Dr. Two-by-four get the rake off? Oh No, probably not, he works for the love of those dear children. Another child has a trouble with his nose, another has worms, and still another has analstrabismus, or some other outrageous trouble. If the child belongs to a family who employs an eclectic, or homoeopathic physician, these notes seem to come with great regularity, and the child is also informed by this dwarfed mentality, "It is a wonder that your family physician could not see the frightful condition that your nose and throat are in." All this leads up to the one thing, to get more money for the "chosen," and to bleed the public to keep up the style, of these royal blooded aristocrats of the A. M. A.

Fifty years ago, long before old Doc. Simmons displayed his quack advertisements in the Lincoln, Nebraska newspapers, (See Jim Jam Jems, published by Sam H. Clark at Bismark, N. Dak., June number, 1913.) advertising his homoeopathic "nibs" as being able to cure any of the 57 varieties of diseases. When we had to get up at five o'clock in the morning, feed the cattle and milk the cows, cut holes in the ice of the pond to allow the stock to drink, then walk two miles to school, sit on a bench, split out of the soft side of an oak log, with but few of the splinters removed, sit there until corns grew upon the unmentionable part of our anatomy, this A. M. A. gang did not concern themselves about our nose, or did it concern us further than to have a good soft coat sleeve to wipe it on.

At this day of butcher-shop therapeutics, fully half of this allopathic school of medicine are scarcely making a living from their practice. Thousands of them do not take in three hundred dollars a year, or in other words, there are thousands of hungry doctors abroad in the land, pulling every string, and wrecking their over-worked mentality to increase their income, and is it any wonder that

this malodorous Simmons gang should strive to lend a helping hand to their unfortunate children.

They have already secured all the jobs under government control. The army, the navy, and marine hospital service, pension examiners, and numerous other positions, and now they ask laws to create other offices for this hungry horde. Thousands of physicians are examining school children, and now comes a resolution that according to the newspaper reports was pushed through at the recent meeting of the A. M. A. in the East. The Associated Press says "It was the opinion of the 3,500 members of the convention that the public welfare would be conserved if every man, woman and child in the United States were to be subjected to a compulsory medical examination as to physical fitness once every year." Dr. Harvey W. Wiley told the Mothers Club in Washington recently that "the day is coming when every pupil will be forced to undergo a strict medical examination."

In a recent editorial in the St. Louis Post Dispatch, they point out that this all means that a large number of physicians are desirous of fastening upon the people a sort of medical tyranny. Its editor says that in a city the size of Chicago, it would require the appointment of over 300 medical examiners at a cost of over \$360,000 a year.

Compulsory medical examination of all the population would be but a step from compulsory examination of all the school children. One of the advocates of such wholesale compulsory medical examination, is, Dr. S. S. Goldwater, Commissioner of Health, of New York City. It is of course urged that such a scheme would protect the people against disease, and conduce to longevity. (All this is worked under the cover of their great love for the dear people, while the important part, which is the money end of the transaction is kept under their hat). The editor of the "Post" further says, "Health is of course priceless but so is personal liberty. Of the two, the universal verdict of mankind has been that personal liberty comes first."

I am pleased at the stand that this great paper is taking on this important subject, and I feel sure that it is in strict accord with the wishes of every liberty loving citizen who stands outside this grafting octopus.

Great scheme this, to create offices to legalize the robbery of a hundred millions of people who reside in what has been believed to be a free country. To create offices to feed the hungry hangers-on of this rotten A. M. A.

We will say that the minimum fee for such medical examination would be \$1 each, and with our population at a hundred million people in the United States, would foot up to a nice little sum of

\$100,000,000 to be filched from the hard working toilers of this country, to bolster up this old English system of medicine, (which in itself is un-American), in the endeavor to create and perpetuate a medical trust.

A recent statement of one of their lieutenants, which is none other than U. S. Commissioner of Education, stated in his report (which was copied from a report upon education by a committee of the A. M. A.), that "all sectarian schools of medicine must go."

The big hog has spoken, they want the whole of this one hundred million of dollars all to themselves, and are going to see that not a cent of this modest little "blood money" gets away. With a clear field the public is to be bled from both body and pocket, to the satisfaction of this class who seek to intrench themselves behind national legislation. This voices the true inwardness of all of these self appointed judges of their own righteousness.

How long will the intelligent people of this great commonwealth stand for such damnable serfdom. How long will they blandly submit to this encroachment upon their personal liberty. No laws should be enacted to give special privileges to special classes of people, and especially as applied to medical practice, but every physician should stand upon an equal footing, to rise or fall according to his success as a practitioner, as judged by those who employ him.

Did anybody ever hear of an eclectic, or a homoeopath asking for laws to protect him from competition from other schools of medicine? All they ask is to be allowed to be judged by the people, to be compared with physicians of other schools, to line up their cures, and their death rates with any class of physicians upon God's green earth.

St. Louis, Mo.

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### Items From the Field of Neurology.

BY THEODORE ADLERMAN, A.B., M.D.

Locomotor ataxia is a rather peculiar disease. Frequently it may run a very wild course. A man showing certain early symptoms of the disease may for ten to twenty years retain his capacity for work and enjoyment. On the other hand, in some other cases, the unceasing anxiety and fear, the wretched apprehension, render him unfit for anything.

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One of the sexual neuroses that gives your patient great concern centers around seminal emission. Some lose sleep, feel worried about it, lose appetite, stop eating and are sure they are going to an un-

timely grave. In these cases, it is not the physical effect of any loss of seminal fluid that is the disturbing factor, far from it, but it is the worry and apprehension of the loss that produces the other bad effects. If you succeed in doing away with the anxiety the loss of the seminal fluid itself will hardly bother you much. In every normal healthy man in whom there is no regular occasion for emptying the seminal vesicles, nature finds and provides for evacuation every 10 days or so, in some more frequently. But become anxious about it and the process is more frequently repeated.

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G. L. Walton has studied blood pressure in general paralysis of the insane. His conclusions are rather interesting: the average blood pressure in paresis, taken as a whole, is high. This may be due to the prevalence of atheroma with all its cardiac and renal complications. The average blood pressure in cases of paresis without atheroma and cardiac complications is somewhat lower than that of health, but the variations are so great that it cannot be said to be so in every case. Mental depression seems to be accompanied by high pressure, while the average pressure in euphoria is lower than in other mental states of the parietic.

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Juvenile general paralysis is more common than is supposed, it is especially so in imbecile children. Fennell reports some cases in which one patient showed symptoms of Paretic Dementia at  $8\frac{1}{2}$  years of age, and another case in which the symptoms developed at  $7\frac{1}{2}$  years of age.

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Some of the most furibund phases of mania in epileptics are the sequelae of a transient loss of consciousness without a spasm. This is especially characteristic of "epilepsia larvata," or the so-called marked epilepsy in which the fit is not accompanied by either toxic or clonic spasms, but consists in a transient loss of consciousness. To me this subject of marked epilepsy and consequent mania is one of great interest, it is worth studying deeply. These automatic states are often responsible for many acts of crime.

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One of the many, to me, amusing incidents in this strange form of epilepsy, is his peculiar religious emotionalism. The patient will study the Bible, he will quote the Bible, he will not part with it, but turn your back on him—he will not hesitate to kill you, if he has a knife and if he considers that you somehow annoyed him.

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Ill usage or frights are often factors in the insanity of children. The ill effects of fright culminating often in mania and in acute stupor.



Do not shut children in dark rooms in solitary confinement, they fear the dark, fear will overwhelm them—and a mental outbreak is sure to follow. It is easier to maintain discipline than in this cruel manner.

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The treatment of arterio sclerotic conditions requires good care and consideration. Much can be accomplished by suitable diet and the proper drugs. Avoid articles that carry substances for calcification of the arteries. Do not allow any milk as it contains an abundance of lime. Give freely a light spring water, free from excess of inorganic salts. Still better, boil the water, boiling precipitates most of the salts—and result is a lime free drinking water. Meats, fish, fruit, rice, spinach, eggs contain a minimum of calcium salts. A good remedy is hydroiodic acid or kali sodi in some other cases.

910 St. John's Place, Brooklyn.

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## **Materia Medica and Therapeutics**

EDITED BY

**JOHN WILLIAM FYFE, M. D.**

Short Articles giving definite indications for remedies are solicited, and may be sent to  
DR. J. W. FYFE, Saugatuck, Conn.

### **Remedies are Selective.**

The first lesson in specific therapeutics for the student is to learn that remedies are selective, and that when introduced into the circulation through the stomach they especially influence certain parts and functions, and further that this action is unvarying. If we desire to influence the circulation of the blood, we select a remedy that acts upon the circulatory system, and not one that acts upon other parts of the body. The remedy should be selected with regard to the character of the abnormal state being treated; if in excess, a remedy that will bring it down; if defective, a remedy that will bring it up; if perverted, a remedy that will correct the perversion. This cannot be called simply theory, for it has been many times clearly demonstrated in its premises and conclusions.

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### **Remedies for Certain Affections of the Head.**

The series of articles entitled "Analytical Diagnosis with Indicated Remedies," written by Dr. A. F. Stephens and now being published in the "American Medical Journal," will no doubt prove of much value to physicians who seek directness and certainty in the practice of medicine. The indications given for remedial agents have stood the test of time, and evidence thorough and careful study on the part of the author.

The following abstracts are taken from the second article of this very useful series:

Bruised, sore sensation in the tissues surrounding the eye, or in the eyeball—*Cimicifuga rac.*; add 20 to 60 minims of specific medicine to 4 ounces of water and give a teaspoonful every one to three hours.

Burning pain in the top of the head, associated with menstrual derangement—*Avena sativa*; add 10 to 30 minims to 4 ounces of water and give a teaspoonful every half hour to three hours.

Congestion of the brain—*Physostigma ven.*, add 10 minims specific medicine to 4 ounces of water and give a teaspoonful every three or four hours.

Cerebral congestion—*Belladonna*; add 5 minims specific medicine to 4 ounces of water and give a teaspoonful every hour.

Contracted pupils—*Gelsemium semp.*; add 20 minims specific medicine to 4 ounces of water and give a teaspoonful every one or two hours. *Passiflora incarnata*; add one-half ounce specific medicine to 4 ounces of water and give a teaspoonful every one to two hours.

Dizziness—*Zinci phosphidum 3x*; the dose is 5 grains every three hours.

Dilated pupils—*Belladonna*; add 5 minims specific medicine to 4 ounces of water and give a teaspoonful every hour.

Dull, heavy pain in top of head—*Ferrum phos. 3x*; the dose is 5 grains every hour.

Dull, heavy pain in back of head—*Ferri acetat*; the dose is 1 to 5 minims of the medicine every three hours.

Dull, heavy headache with the feeling that the patient could go to sleep if it were not for the pain—*Belladonna*; add 5 minims specific medicine to 4 ounces of water and give a teaspoonful every hour.

Dull, aching pain in the frontal and occipital regions associated with vertigo—*Chelidonium*; add 10 to 20 minims specific medicine to 4 ounces of water and give a teaspoonful every one or two hours.

Drowsiness after meals—*Phosphorus*; add 10 minims specific medicine to 4 ounces of water and give a teaspoonful every two hours.

Diurnal headache—*Spigelia anthelmintica*; add 10 minims specific medicine to 4 ounces of water and give a teaspoonful every four hours.

Eye, painful, very sensitive to light—*Conium mac.*; add 20 minims specific medicine to 4 ounces of water and give a teaspoonful every two hours.

Eyes, dull, and pupils dilated—*Belladonna*; add 20 minims

specific medicine to 4 ounces of water and give a teaspoonful every hour.

Eyes partially closed while the patient sleeps—Belladonna; add 5 minims specific medicine to 4 ounces of water and give a teaspoonful every hour.

Fullness and pressure in the head—Nitroglycerin; add 10 minims of a 1 per cent. solution to 4 ounces of water and give a teaspoonful every hour.

Fullness of the eyelids; puffiness under the eyes—Apocynum cannabinum; add 30 minims specific medicine to 4 ounces of water and give a teaspoonful every two hours.

Glimmering light before the eyes with headache and photophobia—Conium mac.; add 10 minims specific medicine to 4 ounces of water and give a teaspoonful every one or two hours.

Headache, associated with diseases of the reproductive organs—Potassium ferrocyanide (not the cyanide of potassium); dose  $\frac{1}{2}$  to 1 grain every four hours.

Headache with full, bounding pulse—Veratrum viride; add 20 to 30 minims specific medicine to 4 ounces of water and give a teaspoonful every one or two hours.

Headache due to cerebral congestion, associated with dizziness and ringing in the ears—Sulphur 3x; the dose is 5 grains every three hours.

Head feels full and clouded; tissues full, veins prominent; skin sodden; tongue has a dirty coating—podophyllin 3x; the dose is 5 grains every three hours.

Head lice—Alcohol (grain); saturate the hair thoroughly with the alcohol and allow it to exaporate. Repeat the treatment twice in period of five days.

Headache when the eyes are bright and the patient is restless—Ergot; add 10 minims specific medicine to 4 ounces of water and give a teaspoonful every hour.

Headache accompanied by involuntary muscular contraction—Conium mac.; add 10 to 30 minims specific medicine to 4 ounces of water and give a teaspoonful every one to three hours.

Headache on top of the head—Cactus; pulsatilla; add 30 minims of specific medicine cactus and 10 minims specific medicine pulsatilla to 4 ounces of water and give a teaspoonful every one to three hours.

Headache in top and back of head—Senecio; add 30 minims specific medicine to 4 ounces of water and give a teaspoonful every two to three hours.

Headache in anaemic girls at puberty—Calcium phos. 3x; the dose is 5 grains every four hours.

Hot, burning sensation in top of head—Sulphur 3x; the dose is 5 grains every three hours.

Inflammation of the eyes with sharp pain—Ferrum phosphoricum 3x; the dose is 5 grains every hour.

Iritis with dilatation—Physostigma (eserine); add 5 to 10 minims specific medicine to 4 ounces of water and give a teaspoonful every two hours.

Occipital pain—Avena sativa; the dose is 5 to 10 minims specific medicine every two to four hours. Cannabis indica; the dose is 1 to 5 minims specific medicine every two to four hours. Conium maculatum; the dose is 1 to 5 minims specific medicine every one or two hours. Two or all of the above remedies may be combined in one prescription if other indications call for them; the mixture being given in teaspoonful doses every one to four hours.

Occipital headache—Avena sativa; add 10 to 30 minims specific medicine to 4 ounces of water and give a teaspoonful every two hours. Sanguinaria can.; add 20 to 30 minims specific medicine to 4 ounces of water and give a teaspoonful every two hours. Nitrate sanguinaria; the dose is 2 to 5 grains of the 3x trituration every three hours.

Oedema of the eye-lids, or conjunctival tissues; scanty urine—Apis mel.; add 5 minims specific medicine to 4 ounces of water and give a teaspoonful every hour.

Pain in the nape of the neck—Bryonia; add 5 minims specific medicine to 4 ounces of water and give a teaspoonful every hour.

Puffy, expressionless face; sallow skin—Ceanothus amer.; add 30 minims specific medicine to 4 ounces of water and give a teaspoonful every two hours.

Pain in the head, extending down the spine and lower extremities—Avena sativa; the dose is 5 to 10 minims specific medicine every two to four hours. Magnesium phosphate 3x; dose 5 grains in hot water every half hour to two hours as required. The remedies may be combined if deemed necessary.

Pain on the right side of the head, extending from front to back—Bryonia alba; add 5 minims specific medicine to 4 ounces of water and give a teaspoonful every one-half to two hours.

Pain in the entire head—Gelsemium sempervirens; add 20 minims specific medicine to 4 ounces of water and give a teaspoonful every hour.

Pain in the top of the head, extending to the back of the neck—Magnesium phosphate 3x; the dose is 5 grains in hot water every hour until relieved.

Pain and weight in the back of the head—Potassium phosphate 3x; the dose is 5 grains every two hours.

Pain in the frontal region and the orbits—*Rhus tox.*; add 5 to 10 minims specific medicine to 4 ounces of water and give a teaspoonful every hour.

Pain in the left temple and back of the head—*Spigelia marilandica*; the dose is 5 minims specific medicine every two to four hours.

Pain in the back of the neck and head—*Zinci phosphidum* 3x; the dose is 5 grains every three hours.

Sense of fullness and dizziness and drowsiness—*Belladonna*; add 5 minims specific medicine to 4 ounces of water and give a teaspoonful every hour.

Styes and boils on the eye-lids—*Calcium sulphide* 3x; the dose is 5 grains every three hours. *Hamamelis* distilled; use the remedy with an equal amount of water locally on gauze compress.

Severe supraorbital headache—*Liquor potassium arsenitis*; add 20 minims to 4 ounces of water and give a teaspoonful every three hours.

Sensation of pressure in the head due to cardiac hypertrophy—*Veratrum viride*; add 30 minims specific medicine to 4 ounces of water and give a teaspoonful every one to three hours, according to the urgency of the symptoms.

Twitching of eye-lid and muscles of the face—*Ignatia*; add 10 to 20 minims specific medicine to 4 ounces of water and give a teaspoonful every two hours.

Throbbing headache at the angles of the forehead—*Potassium bichromate*; dissolve  $\frac{1}{2}$  grain in 4 ounces of water and give a teaspoonful every two hours.

Unnaturally bright eyes with contracted pupils—*Gelsemium*; add 20 minims specific medicine to 4 ounces of water and give a teaspoonful every one or two hours.

Vertigo due to heart lesion—*Crateagus oxycanthus*; the dose is 5 to 10 minims specific medicine every one to three hours.

Violent, pulsating pain in the left temple and over the left eye—*Spigelia marilandica*; the dose is 10 minims specific medicine every hour until relieved.

Vertigo—*Spiritus ammonium aromaticus*; the dose is 10 to 30 minims in a wineglass of water every hour or two until relieved.

Vertigo with sensation as if everything was turning around—*Bryonia*; add 5 minims specific medicine to 4 ounces of water and give a teaspoonful every hour.

Yellowish discoloration of the eyes—*Chionanthus virginicus*; add 2 drachms specific medicine to 4 ounces of water and give a teaspoonful every two hours.—“*Am. Medical Jour.*,” St. Louis, Mo.



**Caulophyllum Thalictroides.**

The root of this handsome perennial plant, commonly known as blue cohosh, yields a remedial agent of much value in abnormal conditions peculiar to woman. In chronic uterine diseases it exercises an energetic curative influence, subduing inflammation, lessening irritability and doing much toward restoring functional activity. In pregnancy it is frequently indicated, and during labor, when the pains are feeble or irregular, it is employed with gratifying results. As a measure preparatory to confinement it constitutes an excellent medicament. In order to secure the most efficient action in this condition the drug should be constantly employed for at least three weeks previous to the expected time for labor to begin. When caulophyllum is used in this manner the pregnant woman is usually enabled to give birth to her child with comparative ease and within a reasonable time.

Uterine irritation, dysmenorrhea, amenorrhea and irregular labor pains are among the reliable indications for caulophyllum.

The dose of specific medicine caulophyllum (or a good fluid extract) is from 5 to 20 drops, but it may be efficiently employed as follows: *R* Caulophyllum, gtt. x to 5i; water, 5iv. Teaspoonful every one or two hours.

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**Bryonia in Cerebro-Spinal Meningitis.**

Bryonia has a place in cerebro-spinal fever because of its specific action on serous membranes. The engorgement of the serous membranes of the brain and cord of whatever locality, is specifically antagonized by the peculiar insidious and not-well understood action of bryonia. Either local or general spinal tenderness on pressure points immediately to this remedy. Its action is at once smooth and very reliable. It is especially required if the toxemia is so pronounced as to result in that train of symptoms which were at one time called typhoid. It also probably by this same influence, controls coma, or somnolence and the characteristic occipital headache, which is nearly always accompanied with retraction of the head, probably for temporary relief.—Ellingwood's Therapeutist.

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*The New Dress of the Annals of Surgery.* The size of the page has been enlarged which enables the publisher to make a better display of the illustrations. The July issue has a choice collection of important articles of exceptional value to the general practitioner as well as the surgeon. It is a splendid example of the way this publication continues to set the pace in surgery.

## Society Meetings

### Independent Practitioners Honor Senator Boylan.

A complimentary dinner was given at "Healy's" 66th Street and Columbus Ave. on the evening of July 16th to the Hon. John J. Boylan of the Fifteenth Senatorial District New York City, by a committee representing the Independent Practitioners of the State of New York for the masterful manner in which he handled the opposition to the obnoxious medical legislation which has been presented to our legislature for two sessions. Resolutions adopted by the Western New York Society, beautifully engrossed, were presented to him. To these resolutions were attached hundreds of names and addresses of medical men in this State who had signified their opposition to the Seeley Bill by letters sent to the Western New York Society. Four large scrap books containing the original letters were on exhibition during the evening and special attention was called to the fact that these original communications were on file and would be kept among the archives of the Association. It was altogether a most enjoyable evening.

Dr. R. A. Toms, of Buffalo, presided and Prof. G. W. Thompson, of New York City, presented the testimonial.

Senator Boylan expressed his great satisfaction and pleasure that his action in opposing what he considered special class legislation had met with the approval of so large a number of practitioners in the State.

The following is a copy of the resolutions:

"At a meeting of the *Western New York Medical Society*, called and held for the purpose, the following preamble and resolutions were offered and unanimously carried:

Whereas, Senator Boylan, of New York City, led the opposition to the meddlesome medical legislation that had been proposed in the past two years, that such legislation was not desired by the great mass of the medical profession throughout the State, but only by a few narrow minded and intensely bigoted members of the medical profession. These men being prominent in their profession succeeded in securing favorable action upon their legislative proposals by the State Board of Regents.

No effort was made to gain a knowledge of the views of the general medical profession in the matter, but the bill was evolved by a star chamber process and would have worked harmfully and to the detriment of the profession.

Resolved, that in securing the defeat of this bill, Senator John Boylan has done the medical profession a lasting good, and is entitled to the thanks of the physicians practicing throughout the

State of New York, and, in fact, in all other States, because the legislation of the State of New York is used as a pattern in the various States in the Union.

Resolved, that we wish to express our heartfelt thanks to Senator Boylan for his earnest and masterful handling of this legislative opposition.

Appended are the names and address of many hundreds of physicians who have written to the officers of this Society, expressing their serious objection to the bill, and many of them in their letters giving expression to the same thankfulness that is outlined in these resolutions.

Resolved, that a copy of these resolutions be spread upon the minutes, and a copy sent to Senator Boylan, and to each physician who expressed objection to the legislation so ably defeated.

Robert A. Toms, M. D.,

President.

Edward L. Downey, M. D.,

Secretary.

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## Selections

### Insomnia.

Arthur S. Risser, in the *New York Medical Journal* classifies the treatment of insomnia under four general heads: Hygienic, including hydrotherapy, dietetic, psychic, and medical. The successful treatment of any case may require any or all of these measures. Under hygienics are included such items as the maintenance of bowel regularity; the avoidance of coffee, tea and tobacco, if the insomnia depends on their use, providing a quiet bedroom with a moderate temperature and fresh air; horseback exercise or a walk or drive for those who are too much indoors and who have need of relaxation before bedtime; the use of hot and cold water as the case may require; massage and electricity. A careful study of each case will dictate the measures to be employed.

Aside from the insomnia of organic disease, a large number of our cases depend on a nervous instability or irritability on nervous exhaustion. These are the cases which above all others try the skill and the patience of the physician. It is evident folly to feed a hysteric or a neurasthenic with bromides, chloral and morphine; but the cruel folly is committed daily.

My watchword is, "Avoid narcotics!" Place your reliance on rational general treatment, on hydrotherapy, on suggestive therapeutics. Many of these patients fail to sleep because of what may be

termed as isomnophobia—the fear of sleeping—the mere over-anxiety to get to sleep. Here it is necessary to gain the confidence of the patient, to explain the harmlessness of a moderate loss of sleep. Rid his mind of fears, obsessions, and phobias; give assurance and reassurance. A warm bath at bedtime will often secure a restful night. If drugs are deemed necessary, their suggestive action must be made use of to enhance and to prolong their effect. But drugs are only palliative. They can not cure. They should never be used for any length of time, and as it is especially difficult to prevent these patients from becoming drug habitues, it is usually wiser to dispense entirely with their use.

Often a warm bath at bedtime, with brisk friction and perhaps a cold cloth on the head, will do what many drugs have failed to accomplish. The cold bath and hot or cold applications to the head or the back have their indications, as has judicious electrical treatment.

For those of sedentary habits who are troubled with cold feet, a hot foot-bath will often induce sleep. It may be that a light and easily digested evening meal will make the difference between sleeplessness and refreshing slumber.

In those who are exhausted by mental concentration and business cares, we must secure through relaxation during the evening hours. Some diverting entertainment, music, a drive or horseback riding may prove valuable adjuncts. If these means and the employment of hydrotherapeutic measures fail after a fair trial, a vacation and a complete rest should be obtained. It is unwise to expect narcotic drugs to replace physical and mental energy and psychic power which are being exhausted more rapidly than the bodily economy can replace it.

If drugs are necessary, selection may be made of any of the simple hypnotics in proper doses to meet the individual requirements. The most useful to me have been the bromides, chloral, chloretone, and paraldehyde. Sulphonal and trional are good, but are objectionable because of their bulk and the difficulty of swallowing them. Moreover, sulphonal is toxic in large and continued doses somewhat cumulative in action, and may cause hematoporphyrinuria. Combined small doses of veronal and codeine have afforded me good results. But rest, tonic, and a hygienic mode of life are more potent to improve the morale and the nervous and mental equilibrium of our nervous patients.

The insomnia of cardiac incompetency, due to passive hyperemia of the brain, is often associated with general nervous irritability and must be treated with consideration for the weakened heart muscle. The rational treatment consists in the judicious administration of cardiac tonics, digitalis, strophanthus, strychnine, etc., to overcome

the cerebral hyperemia (or anemia). Chloral as a hypnotic is too depressant in these cases, in that it causes a paresis of the vasomotor centers and a congestion of the peripheral organs, including the brain itself—acting thus much like chloroform. This is true to some extent also of opium and its alkaloids in large doses; but a hypodermic injection of a small dose of morphine, perhaps given in conjunction with the proper heart stimulant, often acts like magic. The bromides are also useful. They quiet the sensibility of the whole nervous system, especially of the special senses and of the peripheral nerves, so that external influences can not stimulate an over-irritable brain. But potassium bromide must be employed with care in valvular lesions, as large doses weaken the heart and reduce the blood pressure. The author's preference is for the bromide of sodium, as it causes less general depression and less gastric irritation. It is best given in milk, in divided doses, say fifteen to twenty grains, three hours before, and just at bedtime. In women, Fowler's solution should be combined with it to prevent acne. Paraldehyde and chloralamide are also efficacious. If the temperature is subnormal and the vital forces are low, hot applications to the head are often of service in securing sleep.

The insomnia of chronic parenchymatous nephritis is usually accompanied by headache, and depends on an uremic or other intoxication of the nervous system. It should, therefore, be attacked by eliminating the toxins. Stimulate the emunctories by using purgatives, diuretics, diaphoretics, hot packs, and by securing the ingestion of plenty of fluids. Of drugs, chloral hydrate has served the writer best.—Brief.

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#### A Dependable Preparation Of Ergot.

Ergot is undoubtedly one of the most complex drugs in our materia medica. Each analyst endeavors to prove that the principle that he has isolated is the active principle of the drug, and that all others in ergot are subsidiary. The natural result is that the chemistry of ergot is of history bristling with optimism, pessimism, and numerous contradictions. In all probability the fact is that it is in the natural combination of all of these active principles that the ideal ergot efficiency is made possible. Certain it is that none of the principles thus far isolated will, when given as an individual agent, produce the full therapeutics of ergot in its entirety. It is, therefore, of vital importance to have a reliable, standardized preparation that will represent all of the active principles of the drug. Among other desirable features of the ideal preparation of ergot are palatability, concentration, miscibility, permanency, and suitability for safe subcutaneous use. The only preparation that seems to met all of these requirements is Ergotole S. & D.



### The Phylacogen Treatment Of Hay Fever.

While Mixed Infection Phylacogen was formally introduced to the medical profession in 1912, it was some months later before adequate data as to its value in the treatment of hay fever were available. In 1913 hundreds of cases were reported, details of many of them appearing in the medical press during the latter months of that year. The results from these clinical observations were highly significant, showing a surprisingly large percentage of recoveries and warranting the belief that in Mixed Infection Phylacogen the physician had acquired a formidable weapon for his fight with one of the most stubborn diseases that he is called upon to treat.

Mixed Infection Phylacogen is administered hypodermatically. The initial dose should be small, the usual procedure being to begin with a 2-Cc. dose subcutaneously or a  $\frac{1}{2}$ -Cc. dose intravenously. The reactions occur more quickly, and are ordinarily more severe, following intravenous injection.

"In giving the subcutaneous injection," one writer explains, "I usually select as a site the insertion of the deltoid or the area just below the scapula. The latter seems to be the ideal spot, as absorption takes place very readily and the complaints from the local reaction are much less. I repeat my injection either daily or on alternate days, the interval to be determined by the clinical condition of the patient. It is seldom necessary to administer more than four to six injections, the symptoms often disappearing after the second or third injection. Almost immediate relief is noted by the patient. The irritating discharges from the eyes and nose are diminished in amount, the sneezing is lessened, the dyspnea is relieved, and the patient usually sleeps comfortably. All patients that I have treated successfully have remained well through the season. I have yet to record a failure, but I have not had a sufficient number of this class of cases as yet to warrant a positive claim that this remedy will act in all forms of this disease."

Mixed Infection Phylacogen is supplied in 10-Cc. bulbs. As is doubtless well known to most physicians, it is a Parke, Davis & Co. product.

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General Vaillard, the president of the Health Board of the French Army, delivered a lecture at the Royal Society of Medicine. He took for his subject "Houseflies and Public Health," opening with a description of the insects' life history and quoting Howard's estimate of the possible numbers that a single fly might produce in the climate of Washington, with which no doubt you are familiar. He then considered their influence on the spread of disease. In cholera a close relation had been noticed between the progress of

the disease and the appearance or disappearance of flies. In the Spanish-American war and in the Boer war the army surgeons blamed the flies as carriers of typhoid. They found at Ladysmith that supplying filtered water to the troops did not eradicate the fever, but by simply protecting the food from being visited by flies they rapidly reduced the epidemic. In the same way flies spread dysentery and infantile diarrhea. They also shared in the distribution of tuberculosis, granular ophthalmia, poliomyelitis, and leprosy. A fly might be charged with more infecting agents than the most polluted water—in some circumstances might be equivalent to pails of contaminated milk or water. A campaign against flies should be a part of all measures for preventing the dissemination of infectious diseases. To achieve success the public must be educated on the subject so that they would support the necessary measures. Individuals could easily prevent flies entering a room and to destroy them if they did enter means were not lacking. Traps, sticky and poison papers were numerous. Pyrethrum powder was very active when fresh and of good quality. Milk containing 15 per cent. of formalin gave excellent results. Cresol fumigations were not sufficiently known, but deserved special attention for they destroyed mosquitos as well as flies and were particularly applicable to kitchens, stables, yards, and generally all places where the insects could harbor for the winter. The suppression of these shelters was especially important as in them the insect produced new generations for the next summer. But the essential thing was to suppress their facilities for breeding. If they abounded in country places, army camps, dirty villages and towns, or parts of cities it was because they found putrescent or putrified matters which suited them for breeding in and for the development of their larvæ. Therefore the most effective measures were the destruction of these media and general cleanliness. The search for the shelters where they hibernate must always be a factor in every campaign against flies, for the destruction of the adults in their winter quarters entailed the suppression of the joint generation in summer.

General Vaillard mentioned some of the natural enemies of the fly—the spider, certain beetles, the centipede, etc.—but as they do not seem likely to help in the campaign I may pass them by. He credited the researches of English workers, the local government board, County Council, and some of our cities which, like Glasgow, had set a good example, with having begun the campaign and announced that in France the public were awaking and that at his instigation the “Conseil d’Hygiène et de Salubrité” of Paris had approved the propaganda, so it may be hoped that collective efforts may be made to abolish the scourge.

—*Record*.

*Multiple Subcutaneous Cysts in the Arms.*—E. Cautley reports a case of a male aged seven months who was the sixth of the family, only one being dead. He had fits at intervals from the age of four days to eight weeks, and again last December. Apart from this he was reasonably healthy, though somewhat rachitic and ill nourished. "Lumps" were said to have been present at birth on the left and right arms and two on the back. They were described as having been purple and hard, and as having been called abscesses. They were also said to have gotten smaller. No new ones had appeared and none had been noted in the other children. There were several nodules, varying in size from a millet-seed to a pea, in the left arm, mainly from the shoulder to the elbow. The skin seemed adherent to the larger ones, but the others were subcutaneous. Two minute ones were present at the bend of the right elbow; on removal these were found to contain clear fluid. The two said to have been present on the back disappeared.—*Proceedings from the Royal Society of Medicine.*

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No validity of Law Authorizing Revocation of License for Advertising Relative to Diseases of Sexual Organs.

[Chenoweth vs. State Board of Medical Examiners, et al, (Colo.) 141 Pac. R. 132.]

The Supreme Court of Colorado reverses a judgment of the district court which sustained the State Board of Medical Examiners in revoking the license of Dr. Chenoweth to practice medicine for having published in a newspaper an advertisement relative, as was alleged, to a disease and diseases of the sexual organs. The Supreme Court holds unconstitutional the statute of the State authorizing the board to refuse to grant, or to revoke, a license to practice medicine in the State for "causing the publication and circulation of an advertisement relative to any disease of the sexual organs." The court says that the only statute of similar import brought to its attention was one of Nebraska, in which, however, were found the qualifying words, "tending to injure the morals of the public," not in the Colorado statute.

Advertisements by physicians may be regarded by certain members of the profession as contrary to professional ethics but with that legislatures and courts may not be concerned. The Legislature has no power to confer the authority on a board of medical examiners to deny to a physician the right to advertise his business. Doubtless, however, a physician might publish an advertisement which would, in itself, be so grossly immoral as to constitute a dishonorable conduct. To say that an advertisement which may possibly refer to resultant effects of diseases of the sexual organs, but just as possible to be produced from other causes, injuriously

affects the public morals is both prudish and absurd. The court can but take notice of the trend of the times and of the fact that societies and large numbers of respectable and moral people, including physicians, are urging that sex hygiene be taught in our public schools, in the interest of the public good and public morality.

The statute is clearly so indefinite as to render it invalid for that reason alone. Besides, the penalty provided is so grossly excessive and unconscionable as to make the statute repugnant to every sense of justice, if not to render it void for such reason. Because the statute makes the act an offense only when committed by a physician, it is for that reason clearly discriminatory, in that it applies to a class of citizens only, and for such reason alone is void.

The court must not be understood as in any sense declaring for the restriction of the exercise of the police power as heretofore announced, in cases in which the purposes are plainly for the public good, for it is the tendency of courts to make such new and other application of this doctrine as the ever-changing conditions and protection of society may seem to require. But there is a necessary limit to the invasion of the inherent and constitutional rights of the citizen beyond which legislative restriction may not go, if stable government is to remain.—Exchange.

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### Don'ts in Dermatological Diagnosis.

BY MOSES SCHOLTZ, M. D.

1. Don't try to make a diagnosis on the general appearance of the eruption, just because it looks like eczema, psoriasis, etc., but base it on the presence of positive clinical characteristic features, and particularly by study of individual lesions.

2. Do not be satisfied with examination of the part of the body that a patient chooses to show you, but see all of it in doubtful cases. If you do not, you may miss the most characteristic patch and your clue to diagnosis.

3. Do not make any definite statements as to diagnosis under artificial light. The daylight may completely reverse your opinion.

4. Do not call an eruption "eczema" unless most or all of the following clinical features are present: Irregular round or square shape, ill-defined borders, marked tendency of individual lesions to un together into patches, equal involvement of the central and peripheral parts, spreading by continuity, intense itching and absence of scarring.

5. Do not forget, whenever in doubt, about the possibility of the lesion being syphilitic. The following "specific" features suggest, and if present combined, clinch the diagnosis. Raw ham, dusky red color, serpiginous or kidney shape, deep induration or

infiltration, absence of itching, comparatively rapid involution, tendency toward ulceration, and formation of thin, soft, round "cigarette paper" scars.

6. Do not venture a diagnosis in scalp lesions until you clean it up and take off the crusts to see the base of the lesion. A dirty, insignificant-looking crust may conceal a number of variable conditions.

7. Do not overlook scabies in your well-to-do patients. Scabies once in a while breaks into the best society.

8. Do not wait for silvery white scales to diagnose psoriasis. A patient may have washed them off before coming to see you. Distribution and character of the base of the lesions will furnish enough for a safe diagnosis.

9. Do not take every diffuse patch of redness in babies on the buttocks and around the recto-genital puncture for intertrigo due to irritation by soiling. If it is of sluggish, dusky red color, of well-defined borders and slightly infiltrated, it may be the only evidence of hereditary syphilis.

10. Do not depend in your dermatological diagnosis on the statements of the patient. In a majority of the cases, with systematic checking up of clinical features and careful differentiation, you can tell him more than he can tell you.—*Cincinnati Medical News*.

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*Care of Drug Users.*—Under the Boylan law, which went into effect in New York on July 1, and provides for the commitment of habitual drug users to State, county, and city hospitals, the resources of the city will probably be taxed to the utmost. There are at present accommodations in the New York hospitals for not more than 100 such cases, and these provisions are only temporary. At a conference held on July 7 by those interested in the situation it was decided, therefore, to make use of the farm colony of the Department of Charities on Staten Island, where it will be possible to care for 150 patients, and at the same time it was agreed to urge upon the Board of Aldermen the desirability of providing structures on the city's farm for inebriates in Orange County, so that drug users can be treated there also.

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#### Cured By Monkey's Gland.

##### A Cretin Turned Into a Quick-Witted Boy—Operation Unique.

The radical cure of a cretin—one suffering from cretinism, a disease characterized by physical deformity and imbecility—by grafting the thyroid gland of a monkey, was described tonight at the Academy of Medicine by Dr. Voronoff, a well-known surgeon.

The patient, a child of 14 years, was attacked by myxoedema at



the age of 8 as an after-effect of scarlet fever. His physical and intellectual growth stopped. Six months ago Dr. Voronoff, in the presence of nineteen doctors, grafted on the child's neck the right lobe of the thyroid gland of a large baboon.

Almost immediately the patient began to improve, and marked development took place in body and mind. While previously the patient was apathetic and stupid, he became active and quick-witted.

Members of the academy consider the operation of great importance and tending to confirm the great possibilities of constructive surgery, as introduced by Dr. Alexis Carrel of New York.

Special interest in the case lies in the fact that this is said to be the first time that the grafting of an organ from a lower animal to a human has been successful.

In the opinion of those who have followed the experiment, many cretins condemned to a mere vegetative existence may, under the new treatment, be transformed into useful members of society.

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#### Modern Administration of Cod Liver Oil.

In olden days whilst the great nutritive value of cod liver oil was fully recognized and every effort made to place it at the patient's disposal, yet the lack of a palatable product all too often made its employment unsatisfactory or even impossible.

For many years this draw-back of cod liver oil deprived the profession of the best of tissue food and it was not until pharmaceutical science devised means of making the oil palatable that it began to come into its own. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) is the most valuable and widely employed of the preparations of cod liver oil, and largely so because the medical profession has long recognized its superior worth. It may be given over long periods of time without causing gastric distress.

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#### Items

New York members are indignant at the manner in which the National treated Dr. Thompson's bill.

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With \$1,700 in the treasury his bill is returned with the statement that the Society voted, that it be *not* paid.

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The testimonial dinner July 16 at Healy's was most enjoyable.

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Send for catalog of the Eclectic Medical College, Cincinnati. The 70th annual session will begin September 10th and continue eight months.

The "easy boss" was present and made it look like old times. He seemed full of strength and vigor.

---

Dr. Toms presided like a veteran.

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The "admiral" while making the presentation speech referred to some of the members of the Educational Department by their real names.

---

"Mac" was very happy and was constantly referring to "my friend the Senator."

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The "easy boss" was well guarded by the heavy weights, Sillo at his right and Hardy at his left.

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That new six cylinder, 1914, model is guaranteed not to "turn turtle."

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Independent Practitioners' Association of the State of New York. Lee H. Smith, M.D., Secretary and Organizer, Buffalo, N. Y.

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Dr. and Mrs. Dewees are enjoying a pleasant vacation on the great lakes.

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Dr. F. N. Wright has a fine location for an active Eclectic. Address him at Northville, N. Y.

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The "prince's" rash bets caused much amusement.

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The committee responsible for the good time at Healy's on the 16th of July consisted of Drs. Toms, Scaison, Tyrrell, Rowe, Steinberg, Thompson, Hardy, Smith, Moshkovitz, Moran, Brandaltone, Schultz, MacDermott, Harris, Scimeca, Wolf, Sillo, Greene, Sturm, Heeve, Labenstein, Louis, L. Adlerman, King and Boskowitz.

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The Cardiac Tonic Tablets—Boskowitz and the Tonic Laxative Tablets—Boskowitz, may now be obtainable from Sharp and Dohme.

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Herr von Schultz is likely to postpone that two years' trip abroad. What a fine target he would make.

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Read the advertisements and in corresponding with the advertisers, mention the Review.

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For your convenience subscription blanks can be found among the advertising pages.

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GEORGE W. BOSKOWITZ, M. D., Editor.

JOHN W. FYFE, M. D., Associate Editor.

Subscription, \$1.00; To Foreign Countries, \$1.24 Per Annum.

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## Hints and Winnings.

More Eclectic physicians are needed to meet the demand that comes from all parts of the United States. Every State in the Union has many good locations open to them. The New England States especially are in need of well educated Eclectic men and women. These Eastern locations are very desirable from every point of view. The roads are good, schools are excellent and prosperous churches represent every religious denomination. The people as a rule are able and willing to pay their bills. The Eclectics scattered throughout the New England States, though few in numbers, have done a good work in introducing to the people of the Eastern States the beneficent and efficient principles of modern Eclecticism. In this work much opposition and bigotry had to be overcome, but the old guard, in most instances, have proved equal to the task. In the meantime, however, these pioneers have grown old in the service, and in the course of human events within a few years will desire to place the management of their societies in younger hands. When the time comes for this change of responsibility, are there to be young men and women ready to receive the legacy and take up the work of providing a rational treatment for the sick of these States, or must New England Eclecticism cease to be a power for good when its present advocates and defenders no longer continue active work in this field of honorable endeavor? This, brother Eclectic, is an important question, and unless more young men and women can be induced to attend our colleges, the answer will not prove a difficult one. The locations are many and the demand is great, but, young Eclectic physicians are few—too few to cover even a small part of the territory. In Connecticut alone, for instance, there are at least fifty locations where an Eclectic physician, thoroughly grounded in Specific Medication, could readily build up a remunerative practice, and all the towns and cities referred to afford excellent opportunities for making comfortable homes. The Eclectic State Society in this State is among the oldest of our societies, and during its many years of existence

has accomplished much good work. Its present membership, however, is largely composed of elderly men who live long distances from suitable places for holding their annual and semi-annual meetings, and consequently these meetings are not as largely attended as they were in former years. A few young men could easily make this society a valuable means of advancing the interests of modern Eclecticism.

Syphilis being constantly on the increase, and far-reaching in its terrible effects, it cannot be doubted that it is the duty of all practitioners of medicine to give the disease careful attention and thorough study. In an article published in the *Medical Times* Dr. Henry H. Morton, professor of genito-urinary diseases in Long Island College Hospital, refers to this great increase in cases of syphilis as follows:

"Syphilis is constantly on the increase and some of the best observers estimate its frequency in Paris as *one in seven* of the adult population. In a conversation with one of the three or four leading dermatologists of New York City a year ago he told me that among the better class families, which he knew intimately, as physician or friend, at least one-third of the sons of adult age had syphilis. To the account of syphilis must be laid all the cases of true *locomotor ataxia* and those of *general paresis*. Two per cent. of all syphilitics and over twenty per cent. of tertiary cases develop cerebrospinal lesions. Over *forty per cent.* of all *abortions* not artificially produced are caused by syphilis, and sixty to eighty per cent. of syphilitic children die in utero or soon after birth. It would be fortunate, both for the individuals and humanity at large, did all cases of hereditary syphilis suffer the same fate. Another feature of syphilis which renders it, although less frequent than gonorrhea, more terrible in its results, is that it is not *purely a sexual disease*. It is often acquired in the most *innocent manner*, being communicable by the use of drinking glasses and other table implements, wetting pencils in the mouth, by surgical and dental instruments, and above all, by kissing. Many physicians are infected in the practice of surgery and obstetrics. With these facts in mind it shows the desirability and importance of having a very thorough knowledge of syphilis."

Some physicians believe that syphilis cannot be cured, and claim that a man who acquires this loathsome disease will always remain a syphilitic, but that it can be eradicated from the human system seems to be the opinion of the greater number of Eclectic practitioners. In support of this opinion I submit a report of one of my cases as follows:

Ten years ago a young man whose term of service in the United States Navy had expired a few weeks previously, called on me for treatment. He said that while his ship was in a Japanese port he was allowed on several occasions, to visit the town, where he became intimate with a young native female. The results of his intercourse with



the maiden of the flowery kingdom had already become unmistakably manifested. He said that he did not notice anything wrong until about three weeks after his last interview with the woman, when he discovered that his penis had become uncomfortable. A large chancre and the enlargement of the glands of the back of the neck and groins made the nature of the young man's trouble quite apparent. The Wasserman test was not then in vogue, but the history of the case and the symptoms presented surely justified a diagnosis of syphilis free from doubt.

The case was treated in accordance with the specific indications for remedies. Prominent among the drugs employed were berberis aquifolium, nitric acid (applied to the chancre), phytolacca, iodide of potassium and iris vesicolor. The case remained under my treatment and observation for two years, and went through all the ordinary conditions incidental to primary and secondary syphilis. At the end of two years, not seeing any need of further treatment, the case was discharged as cured. Six months later the young man married, and in due time I attended his wife in confinement. The child was a healthy appearing girl, weighing nine pounds at birth. In a few weeks less than two years I again attended her in child-birth. This time a robust boy was born. These two children have been under my professional care from their birth to the present time, but very little treatment has been needed. Yesterday (August 28) I was called to see the mother in regard to a slight ailment, and found the children well and growing rapidly. The wife has never been affected by sexual wrongs of any character, and the husband has not been sick a day in eight years. Surely there can be no doubt of a complete recovery in this case.

**The Address of Dr. W. S. Glenn**, retiring President of the National Eclectic Medical Association, delivered at Indianapolis, Indiana, is an excellent production, and gives out the true Eclectic ring. It also evidences a thorough knowledge of the needs of our school of medicine. In speaking of the influence exerted by the Eclectic School, Dr. Glenn in part said:

"The Eclectic School of Medicine has done more to leaven the entire practice of medicine than all other schools combined. Take any therapeutic journal of today, no matter of what school, and you will find more or less Eclecticism in it. The whole world is in debt to Eclectics for the present pleasant medication. And if it was known and understood the debt would be paid in a measure, at least, by endowments to our colleges and students to fill them to overflowing.

"We need many more Eclectic physicians. The people are not complaining of there being too many physicians. Wherever you find an Eclectic physician you will find him busy, mostly complaining of being overworked. There are hundreds, yes thousands of towns all over this land that would gladly welcome an Eclectic, and where he could make good from the very beginning. I do not mean that every

Tom, Dick and Harry could make good, but any good, well-educated, level-headed man or woman who has been drilled in an Eclectic college can.

"The Eclectic treats his patients according to the symptoms present. Let me illustrate. A patient takes sick and the Eclectic is called—he gives the indicated remedies; then, no matter what the disease develops into he is right from the start and many, many times in all probability he aborts a case of pneumonia or some other grave trouble just because he knew what to give and gave it early. Our people are not faddists, running after every fool thing that is heralded as a cure. We welcome all that is good and of real worth that will relieve suffering. Instead of going wild with enthusiasm before the new has been tried, we wait and try it out thoroughly, and, if found worthy, we use it. We use anything that will cure our patients.

"Our medical schools are equal to any. The examinations before the State Boards will prove this. Our teachers are among the best, especially in teaching internal medication. Our surgeons have the advantage over most surgeons. While their work in surgery is equal to the best, their knowledge of internal medication many times helps them to save lives which otherwise would be lost. We have the best journals and books printed in the English language today, for the simple reason that they can be read and understood by the rank and file of physicians. They give the busy everyday physician just what he wants and needs at the time he needs it. Take any of the works of other schools and there is lots of pathology but comparatively nothing on treatment, the very thing the busy doctor needs.

"The Eclectic pharmacists were the first to standardize plant remedies and give us good, reliable drugs. And today almost every physician in the land is using some of the drugs made by our Eclectic houses. All this has been a help, not only to the physician, but, as I said before, to the whole world."

**Pain in the Ear** being a distressing condition which often comes within the activities of the general practitioner of medicine, it may be well to occasionally review some of its causes and the points of its most frequent manifestation. When the pain is due to disease of the ear it is associated with the auriculo-temporal nerve, and often centers over the upper anterior part of the auricular attachment. It may radiate over the temporal distribution of the nerve, or extend into some other branch of the third division of the fifth. Pain in the mastoid region may appear over the antrum, just below the temporal line, over the top of the mastoid, or over the posterior wall of the mastoid. Deep-seated pain in the ear involves the glosso-pharyngeal nerve. Pain in the ear occurs in catarrhal and suppurative atitis media, dry middle ear catarrh, circumscribed or diffuse otitis externa, perichondritis, caries of the temporal bone, acute or chronic mastoiditis, syphilis, brain

abscess and sinus thrombosis. There is likely to be reflex earache in parotitis, dental caries, tonsillitis, naso-pharyngitis, malignant growths on the floor of the mouth, neuralgia, and sometimes in hysteria. Pain in front of the ear may be caused by a boil in the anterior wall of the canal. Pain back of the ear may be due to mastoiditis, as well as to other abnormal states.

**The term Seminal Losses** is a bug-bear that has frightened thousands of young men into nervous prostration and even into insanity. The term was first employed in the early part of the eighteenth century by an English quack in his advertising book entitled "Onia or the Heinous Sin of Self-pollution and its Frightful Consequences, in both Sexes, with Spiritual and Physical Advice." Such a demand was created for it that it became necessary to publish eighty large editions of the book. It was filled with the most ridiculous absurdities, many of which are still told to simple young persons by "lost manhood" quacks, as well as by unthinking doctors who, astonishing as it may seem, do not know that a "seminal emission" contains but a small quantity of semen—that it consists mainly of a prostatic secretion—and that what is called spermatorrhea is frequently nothing more than prostaticorrhea, an abnormal condition easily cured.

FYFE.

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## Original Articles

### Acquired Dispositions and Their Medicinal Treatment.

BY MAX MEYER, M.D.

Not every disease that is pronounced incurable proves to be so. Many an incurable disease, however, can *prima facie* be recognized to defy the most skilful and heroic treatment, as f. i.

Malignant Tumors,

Certain Nervous Diseases and Psychic Anomalies,

True Chronic Bacillar Pulmonic Tuberculosis.

All these pathologic conditions are derivatives of "acquired dispositions during foetal life" and are sequelae of either toxic amniotic fluid or parental alcoholism or syphilis.

Money and brains have been spent to arrest and to cure these diseases, but in vain. Neither chemicals, antitoxins, x-rays, radium nor isopathic remedies have been successful.

If we analyze the subject, we find as the starting point for these diseases a trifold factor, namely, a congenital disposition—depending upon conception; a foetal disposition—derived from a toxic amniotic fluid or from syphilis; a post-foetal disposition—due to infectious poisons from the sequelae of children's diseases.

Either one or more of the dispositions may cause weakening of the cells and render them fit to become a suitable medium for colonization of micro-organism during life.

Tuberculosis, cancer, etc., are "Terminal diseases;" they are necessary sequelae of absolute infiltrations of fixed cell groups with toxins of various kinds.

Cellular therapy is and must remain powerless towards these terminal diseases, because we have to do with weakened and disordered cells, which do not and cannot cast off the invading toxins by means of our physiologic remedies. On the contrary, the impaired cells are prone to acute decomposition and the remedies of our drug armamentarium act still more destructively.

We are then confronted with the question: "What can be done? The answer lays in one word: "Prophylaxis"—How?—Not by eugenic laws, but by impressing upon the pregnant woman the eternal truth, that her first maternal duty is to give birth to a healthy child. With other words the mother should be instructed to this effect and should submit eventually to undergo treatment during gestation in order to eliminate any toxicity of the amniotic fluid which might be present. The existing dispositions must receive our full attention and then the result will be a healthy child, born with natural immunity, with perfect and absolute non-toxic cells, which now are able enough to repulse any invading half-alexins.

I am well aware that this process of elimination and sanitation cannot be accomplished in one generation, but a gradual starting with an earnest and solid foundation will bring results and in a short time mankind will enjoy robust health.

The remedies that are useful as prophylactics are the three positive antitoxins, of which I have spoken in previous articles. To these I may add the bio-chemical remedies namely:

Iron, Iodine and Arsenic.

The Halogenes in general (Chlorine, Iodine, Bromine, Fluorine) have to be considered in first line, then those metals, which are found in the human body as f. i., Iron, Copper, Phosphorus, Arsenic.

From the practical standpoint three of the above substances are especially noteworthy, viz.:

Iodine as *Kali iodidum* and *Ferrum iodatum*; Iron as *Ferrum pyrophosphoricum oxydatum*; Arsenic as *Acidum arsenicosum* and *Arsenicum iodatum*.

Arsenic as well as iron are necessary in minimum amounts. Both have the property of facilitating the exchange of Oxygen in the tissues, hence their beneficial action. For the nerve structures it seems that iron combined with Arsenic exerts a valuable influence on the organism as shown in the albumen, the fat of the marrow and in the brain-lipoids (*Lecithin*, *Protagon*, etc.)



It has been proven that iodine is a constituent of the Thyroid gland and nerve cells. It serves as a nutrient.

Not only have we a trias of powerful vegetable antitoxins in Chinin, Salycilic Acid and Mercury, which act remedial upon the respective toxins of the various diseases and which are quickly eliminated after having performed neutralization, but in the biochemical substances we possess remedies which are highly fit to repair the cells after the toxins of disease or of medicines have injured them, by combining with the cell-lipoids of the nerves and in this way purify them.

A rational alternation between antitoxins and bio-chemicals during an intermittent period of treatment places the physician in the position to liberate positively the blood, the cells and the nerves of the poison of chronic disease.

It is evident from the foregoing that although we cannot dispense with the symptomatic therapy entirely, the aetiologic therapy—which also has its limit—will help to combat and cure acquired dispositions, i. e., chronic conditions of the system.

69 East 120th St., New York City.

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### **Collinsonia Canadensis.**

BY JOSEPH DUGAN, M. D.

*Collinsonia*, Stone Root, n. o. *Collinsonia Canadensis*. The whole plant is used. It is a perennial herb growing throughout North America. the stem is three or four feet high. The rhizome is three or four inches long, knotty and having middle rootlets. Bark is grayish brown and thin. It has thick large leaves, flowers from June to September and the whole plant has a smell like lemons.

**Physiological Action.** Stimulates the stomach and promotes its own absorption. Tonic and feeble muscular constrictor of the heart, relaxed walls of veins and venous capillaries.

**Specific Symptomatology.** Piles, with a sense of fullness or feeling of a foreign body in the rectum. Best remedy for all relaxed conditions of the lower bowel, especially when there is a blueness or a dark color showing imperfect venous capillary circulation.

*Collinsonia* is a heart tonic acting slowly but giving permanent results. Good in bycycle heart with cactus, also all functional diseases. In chronic pharyngitis and laryngitis, especially clergymen's sore throats, cough arising from excessive use of voice or cough from heart disease or catarrhal condition of respiratory mucous membrane, also in catarrh of the intestines and stomach. In any passive hemorrhage without apparent cause, give *Collinsonia* and *Hammamelis*.



The above is about all we find of *Collinsonia* in the present day literature.

Stone Root is one of the old botanic remedies which I feel has been very much neglected in recent years. The Herbalists of England use it largely, but for some reason the present practitioners seem to have put it aside. In a practice of many years I am constantly finding increasing use for it both externally and internally. None of the recent writers, to my mind, give it proper prominence in their works. I will not repeat what Fyfe, Ellingwood and Scudder say about it in reference to its action at both ends of the alimentary canal. They speak of it prominently for pains in the rectum and for ministers' sore throat. I have found it useful in both these conditions, and I have found it a most useful remedy in all forms of catarrh, in fact, I consider it one of the best mucous tonics in the *Materia Medica*, also always use it as an auxilliary heart remedy. If I am using *Cactus*, *Craetegus* or *Xanthoxylum* the addition of from two drams to a half ounce to a four-ounce mixture seems to increase and emphasize the above remedies. In chronic catarrh of the bladder the addition of *Collinsonia* will increase the efficiency of *Gelsemium* and *Verbascum*. In the disagreeable pains attendant upon Varicose veins you will find small doses of *Collinsonia* and *Hammamalis* will often give magical relief.

Applied externally in hot solution it is one of the best applications that I have ever used for bruises, sprains, etc. I have often relieved a severely sprained and swollen ankle in two hours by applying one ounce of *Collinsonia* to one pint of hot water.

OKLAHOMA.

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### Origin, Need and Use of the Enemata and Hot Water as a Remedial Agent.

BY ALCINOUS B. JAMISON, M.D.

Pliny recorded that fact that "the use of clysters or enemata was first taught by the stork, which may be observed to inject water into its bowels by means of its long beak." The *British Medical Journal*, reviewing the newly published "*Storia dell Farmacia*," says that Frederigo Kernot describes the invention of the enema apparatus, which he looks upon as marking an epoch in pharmacy as important as the discovery of America in the history of human civilization. The glory of the invention of this instrument, so beneficial to suffering mankind, belongs to an Italian, Gatenaria, whose name ought to find a modest place together with Columbus, Galileo, Gioji and other illustrious Italians. He was a compatriot of Columbus and professor at Pavia, where he died in 1496, after having spent several years in perfecting his instrument.

Over thirty years ago I discovered the cause that necessitated the use of the enemata, which has been a makeshift to overcome chronic constipation for some four hundred years. Later I published two books on the subject—one entitled "Intestinal Ills," and the other "Intestinal Irrigation." The years that have elapsed since I published these books have only emphasized the truth of what I said as to the pathological cause and need of the enemata as the means *par excellence* of relief from intestinal obstruction and stasis.

Proctitis, periproctitis, sigmoiditis and perisigmoiditis are the most common ailments that afflict mankind from infancy to old age. As a rule the origin of the trouble can be traced to the wearing of a soiled diaper. Should the child victim escape (?) the invasion of infection and inflammation during the diaper period, there are many causes early in the child's life that can be enumerated to set up an inflammatory invasion of the anal and rectal canals, and as years pass extend up the rectum into and along the sigmoid flexure.

Inflammation causes irritation of the sphincter muscles, also of the circular and longitudinal muscles of the rectum and sigmoid colon, which contract to the extent of more or less closing the bore or caliber of the canals, inhibiting the normal expulsion of feces, gases and even water injected for relief from undue retention of the contents of the bowels above the diseased region. Constipation is one of the early symptoms of spasmodic and more or less permanent contraction or stricture of the diseased organs. Proctitis and sigmoiditis, with their many primary and secondary symptoms, are a serious pathological condition locally; and very grave systemic symptoms develop that prove fatal if not treated early in life.

The reader may conclude that, as I am a specialist in rectal and gastro-intestinal diseases, I would be apt to overstate the severity of the local pathological condition of proctitis and sigmoiditis, and that of fecal, mucus and gaseous auto-intoxication of the system. I have no objection to being called a faddist when I am right. In all I have written on the subject I have not half told the severity and baneful effects of proctitis and sigmoiditis and their numerous local primary and secondary symptoms. I have no means forcible enough to depict in literary form my daily clinical observations in practice.

Man first observes the phenomena or symptoms of disturbance in his body, but is very slow to arrive at a definite cause for the various ills he is subjected to.

Prof. Gatenaria's enemata appliance was a makeshift to overcome a symptom called constipation, of which the common cause was a disease of the lower bowels—undiagnosed for over four hundred years. Salisbury, Dewey and Fletcher treatments were likewise only makeshifts to cope with symptoms; the same is true of dieting, fasting, the taking of bowel movers, liver regulators, digestive remedies, and intes-

tinal irritators, such as sand, bran, and other indigestible substances; and the latest fashion or makeshift is the taking of refined Russian coal oil to overcome stasis of the bowels. It is evidence of progress by the medical profession to have the makeshifts for symptoms of digestive and eliminative troubles limited to oil and water, thus giving the liver and nerves a respite.

Fully eight-tenths of the contents of the many books written on the subject of gastro-intestinal troubles is useless reading matter, from the fact that the authors were ignorant of the origin of the long list of gastro-intestinal disturbances due to the sewer-way of the lower bowels being closed by a local disease. When the sewer-trap of a building is stopped, a plumber soon makes a proper diagnosis and puts it into normal working order; but, alas! how few physicians have been as intelligent as the plumber.

To write a useful book on the subject of disorders of the digestive and eliminative apparatus of man, the author must not only be a competent gastro-entriologist, but a thorough proctologist of long experience who treats the chronic inflammation of the lower bowels as well as its effects. Proctologists, as a rule, at the present time limit their treatment to a few symptoms, such as piles, fistula, and fissure, and think they have performed their whole duty to suffering humanity, with chronically coated tongue, indicating foulness of the digestive and eliminative apparatus from the tip of the tongue to the toilet-paper region of the anal vent, and the whole system as well.

Toilet paper "cleansing" is on a par with the different sorts of physic "cleaning" of the long, tortuous bowels. Foulness still remains. Such short-sighted hygienic efforts are shocking to one who knows of the foulness (within and without) of a canal some thirty feet long performing the functions of prehension, digestion and elimination. The question of diet is not of so much importance as that of active elimination.

The human body is simply an extension of the organs of prehension, digestion and elimination, and the question of normal elimination from the intestinal sewer is of paramount importance to prevent undue fermentation, putrefaction, fecal retention and generation of bacterial poisons so deleterious to the body. We know the fecal eliminative organs are well-nigh universally diseased in man at the present time, and will continue to be for a few generations to come. What have the members of the medical profession been doing for the local disease? Nothing at all. They universally condemned the use of the enemata, and prescribed rest, diet, continuous mastication of food, liver excitants, bowel disturbers, digestive agents, and nerve and blood tonics for the numerous and varied symptoms caused by a foul, filthy system—cause unknown, as the following report of a case by a scientific institution will illustrate:

## Physical Examination—May 12, 1911.

*Physical examination.*—Patient of medium stature; fairly well nourished; weight 135¼ lbs.; lips and mucous membranes fair color; tongue moderately coated; pharynx a little reddened; tonsils not enlarged.

*Eyes.*—Pupils a little dilated; equal; react to light and accommodation.

*Pulse.*—Fair volume and tension; blood pressure 130 (Tycos); regular in force and rhythm; 72 to the minute; vessel wall just felt. Temperature at 3 P. M., 97.8.

*Thorax.*—Well formed; symmetrical; expansion good and equal. Rather profuse acne eruption over back and chest.

*Lungs.*—Both clear on percussion and auscultation.

*Heart.*—Point of maximum impulse neither seen nor felt; sounds best heard in the 5th interspace, 6 centimeter from the median line, 3½ centimeter inside mammillary line. Heart sounds clear at apex and base.

*Liver.*—Flatness extends from the 6th rib to the costal margin; border of liver is not felt.

*Spleen.*—Is not palpable.

*Abdomen.*—Stomach tympany normal; nothing felt at the pylorus; neither kidney felt; no tenderness to be made out along the colon.

*Skin.*—On the scalp, behind the ears, over the upper arms, and over lower extremities, there is a moderate grade of Seborrhoea Sicca.

*Dermatographia.*—Active.

*Knee-jerks.*—Slightly plus.

*Hearing.*—Tested with watch, hears about 18 inches from the right ear, only about 9 inches from the left ear.

*Urine examination. Night specimen.*—Rather pale; clear; acid; 1008; no albumin; no sugar.

*Impression of case.*—One of chronic constipation of doubtful origin. Has Seborrhoea Sicca.

*Treatment.*—Fruit; systematic habits; bran muffins. Bulgara Tablets; massage to abdomen.

What was the use of prescribing for the sufferer from chronic constipation on an "impression," or a guess? Naturally a wrong diagnosis is always followed by a makeshift treatment, as in the above case of a young man seeking a cure for an ailment of many year's standing that meant extinction of life if he could not get a diagnosis and treatment that meant *life extension*, with vim, vigor and efficiency in all he found to do.

(To be continued)



**Items From the Field of Neurology.**

BY THEODORE ADLERMAN, A.B., M.D.

A trustworthy means of differentiating between hysteria and epilepsy, and one that cannot be imitated, is the peculiar behavior of the white corpuscles. While the latter show no change whatever after a hysterical attack, they increase greatly in numbers after a genuine epileptic seizure. Leucocytosis of 20,000 or even more are not uncommon. They drop rapidly after the convulsions cease and soon attain normal value again.

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During the past year we had opportunity of exhibiting conium maculatum, datura stramonium and cicicifuga in 10 cases of chorea. The result has been so striking and uniform that it is worth making known this fact, as no arsenic whatever was used in these cases. The cases ranged between 9 and 12 years of age, both girls and boys. Conium lessened the muscular activity and relieved the pains in the joints and limbs, and produced especially good results in the cases marked by extreme motor unrest. In the very restless cases datura stramonium was added, while those with muscular soreness received the full doses of cicicifuga. The choreic movements in all cases were limited to 10 days and then disappeared.

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Non diphtheritic multiple neuritis is a rare thing among children. In the neurologic dispensary of Johns Hopkins Hospital only 21 cases have been observed in 16 years, and 8 of these occurred in children under 12 years. Three cases followed typhoid. In the others the etiology could not be found out. The clinical picture was as follows: Onset rather acute, some lassitude and fever, loss of appetite, arms and legs both affected in every case. Electric changes present and deep reflexes lost in every case but one. All patients showed improvement beginning with the arms in all but one, in whom still remains a paralysis of muscles of the hands. The recovery in all others taking several months. The difficulty is to differentiate multiple neuritis in children from poliomyelitis. But about this at some other time.

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Insanity is often feigned by those charged with some crime, or those who have already been convicted. The object for doing so is of course apparent to anyone. Mania, melancholia, dementia are most of the forms that are thus simulated. In examining such a case, it must be borne in mind that each of these forms present a clinical picture, symptoms mental and physical, which are peculiar to it, as those of such a disease as typhoid or pneumonia, when the symptoms are peculiar to each respective disease. If a patient ex-



hibits mental symptoms of mania, acute mania, but does not and has not lost weight—and who sleeps—he must be viewed with suspicion as a fraud. If a case presents the mental symptoms of an aggravated melavetolia, but who eats well, has good digestion, he is a fraud, etc. I could go on for hours relating and comparing. One thing is good to remember, simulators of insanity all of them, exaggerate their symptoms—present some mental symptoms not belonging to the particular form that he tries to simulate.

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In adults suffering from syphilitic growths, insomnia is present early and steady. Syncope is an occasional symptom in tumors of the posterior fossa.

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In the uncomplicated cases of neurasthenia the blood only seldom offers any grave departures from the normal. But the vast majority of all forms of asthenia some deviations are demonstrable, but whether they are primary, or are induced by gastro-intestinal indigestion is rather hard to say.

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Nervous diarrhoeas, with frequent discharge of clear watery fluid are met with in neurasthenia patients. The slightest excitement produces them—and vomiting is some times indulged in. These watery discharges are without the peculiar odors characteristic of intestinal putrefaction.

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Do not forget that all lancinating pains in the lower limbs are not of Tabetic origin. In spinal forms of neurasthenia we have seen cases with lancinating pains in the lower limbs, uncertainty of locomotion and weakness of legs. But these cases present no atrophy of the optic nerve, no diminution of deep reflexes—hence a correct diagnosis is easy.

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When you treat a neurasthenic—throw your allopathic books out of the window, as otherwise you will dose your unfortunate cases with Bromide of Potassium and sodium (which is very wrong). Do not give chloral, sulphonal, methylol and a lot of other such trash. What shall you use? Use your specific indications, and prescribe accordingly.

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Melancholia is a frequent form of ptychosis accompanying neurasthenia. The patient presenting a combined picture of both these diseases. In these cases rest and attention to diet is very important.

910 St. John's Place, Brooklyn.

## **Materia Medica and Therapeutics**

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to  
DR. J. W. FYFE, Saugatuck, Conn.

### **The Study of Remedies.**

In studying a drug for the purpose of ascertaining its most efficient therapeutic action, we should first secure such facts as can be obtained from books and journals in regard to it. With this knowledge of its reputed effects on the human body well in mind, we should be ready to carefully employ the drug in the treatment of the sick, and thus be able to study its action for ourselves. We should never lose sight of the fact, however, that we are dealing with a living body which possesses recuperative power of a decided character. It would, therefore, be a great mistake to regard every change in a patient's condition as a result of the administration of the drug being studied, for the improvement in many cases may be due to the recuperative power of the person being treated. This mistake is sometimes made, and may in a measure account for the varied experiences of different investigators of a given drug. Repeated use of a remedy, followed by uniform results, under *exactly* the same conditions, is necessary in order to arrive at correct conclusions. The judicial mind is here an impartial element of success. Without prejudice or previously formed opinion we must weigh the evidence and compare it with our past experience and physiological and pathological knowledge. In this manner the study of therapeutics may be made a pleasure and of great value to us as practitioners of medicine.

### **Folklore in Medicine.**

As pointed out by the *Medical Summary*, no profession is hedged about by so many queer ideas and quaint practices as that of medicine. In my early days I spent a year under the instructions of a lawyer who was well educated and a prominent man in his profession. He suffered severely from urinary calculi, and every day drank about four ounces of his own urine as a remedial agent. A woman whose family I attended many years ago always kept small bags of salt around the arms of her young children, saying that it prevented their having fits. Another woman told me that she had cured cases of "shingles" by binding a black cat's skin around the patient's body. No other color would answer the purpose. A man informed me that calf's head soup would cure consumption. The whole head must be used or it would have no curative effect. Another man said that he once cured a man who had

been "given up" by several doctors by the use of a stew made of the entire body of a hen, including the feathers. He also said that his father had told him of many such cures. The editor of the *Medical Summary* interestingly remarks as follows:

"Almost daily the physician in general practice meets curious superstitions among things medical. In many rural communities in this enlightened age persons are found indulging in such disgusting things as applying cowdung to sores and ulcers, putting urine in the eyes to relieve inflammation, or using a tea made from sheep defecation to "break out" measles. It seems that a big majority of people everywhere believe that asafetida tied around a child's neck has a certain prophylactic action against contagious diseases. In almost every locality may be found persons who can blow the fire out of a burn or arrest nose bleed or other hemorrhage. Every community also has a water witch or two who, with a twisted switch, can invariably locate a subterranean stream of water. Such persons, as a rule, claim that they have an overweening desire to urinate whenever they pass over a stream of water, although it is buried deep in the bowels of the earth. There are many superstitions about parturient women. One of these is that a broad-axe under the bed will arrest postpartum hemorrhage. Another is that fresh fish, especially catfish, will kill a lying-in woman. In fact, there are a great many superstitions concerning the diet of the women at this time, the idea generally being that the woman should have a very restricted diet; whereas she should have a pretty generous diet of nearly everything that is calculated to produce milk and blood. A good many people patronize fortune-tellers and horoscope-makers to find out matters relative to their health and well-being. Many such persons are well educated and otherwise intelligent. The horoscope business has always appealed to rather well educated people since a quite remote time in the world's history. In ancient times kings and others clothed with a good deal of mundane authority always tried to enlist the services of an astrologer who would augur a benign rule. You see, the astrologer had a reputation to be preserved at all hazards, and being a man of power he usually saw to it that his readings, for good or ill, were carried out. Lots of people in our cities today have implicit faith in what some individuals wearing some hideous Hindu name may tell them. It is hard for us to give up folklore and mysticism."

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#### Agrimonia Eupatoria.

It would seem from its infrequent mention in our journals that the merits of agrimonia are not well understood, or, at least, not fully appreciated. It is, however, a very valuable tonic and alterative, as well as an astringent of considerable usefulness.

Agrimonia exerts a specific influence upon mucous membranes and checks profuse secretion. In many atonic states of the urinary apparatus it constitutes a medicament of curative power, and in chronic diseases of the kidneys and bladder it is especially valuable. Agrimonia gives tone and strength to these organs, and decidedly favors normal activity. In diseases of the kidneys it has often proved curative after the failure of better known drugs. In pain in the region of the kidneys it is an efficient remedy and in nephralgia it is one of our most urgently needed remedial agents. In wrongs characterized by an insufficient quantity of urine, containing more or less mucopus, agrimonia should constitute at least part of a rational treatment. Whenever I find that a patient suffers from a deep-seated pain in the region of the kidneys agrimonia is the first remedy that comes to my mind, and it has never failed in such cases to exert a beneficial influence. Here the small dose seems to give the most satisfactory results.

A few years ago a woman consulted me in regard to a very distressing urinary trouble from which she had suffered a number of years. She said that she had an almost constant desire to urinate and that she frequently passed a bloody substance, which in passing through the urethra, caused excruciating pain. At times she had a sensation of dullness in her head, accompanied by pain in the region of the kidneys. These attacks always occurred just before passing the bloody substances mentioned. The quantity of urine passed in twenty-four hours was considerably less than the normal amount. I prescribed as follows:  $\mathcal{R}$  Agrimonia, gtts. xxx; water  $\mathfrak{z}$ iv. Teaspoonful every two hours. An improvement was soon apparent, and after taking the medicine for two months she said she was entirely free from her former unpleasant condition.

A man whose duties in a paper mill made it necessary for him to lift heavy packages of "binder's board," came to me for treatment, saying that he constantly passed "red urine" and occasionally his urine looked like blood. He also complained of a pain in the region of the kidneys, which sometimes extended to the penis. He was seldom free from an unpleasant sensation in the region of the bladder, and he had a desire to urinate so often that his sleep was greatly disturbed. I prescribed ten drops of specific agrimonia every four hours, and an improvement was promptly manifested. This dose was continued for one month, when I changed the prescription by adding ten drops of agrimonia to four ounces of water and directing the patient to take a teaspoonful of the dilution every three hours. The remedy was continued in this way for another month, when the man reported that he felt perfectly well and that his urinary trouble had disappeared.

In chronic bronchitis agrimonia is employed with gratifying results, and in phthisis much benefit is derived from its continued use.



In cases needing agrimonia there is usually impairment of the appetite, digestion and blood making. Its stimulating influence upon the vegetative processes makes for improvement in appetite, digestion and consequent general well being.

Among the reliable specific indications for agrimonia the following are most frequently seen by the general practitioner: Deep-seated pain in the region of the kidneys; colicky pain pointing in the lumbar region; pain extending from the kidneys down the ureters; pain or uneasiness in the lumbar region; uterine pain; catarrhal states of the bladder; muddy, foul-smelling urine.

The dose of specific agrimonia is from five to thirty drops, but it may be efficiently employed as follows:  $\mathcal{R}$  Agrimonia, gtt. v to xxx; water,  $\mathfrak{z}$ iv. Teaspoonful every two, three or four hours—Dr. J. W. Fyfe in the *Eclectic Medical Journal*.

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#### Convallaria Majalis.

This plant affords a remedial agent of a considerable value in functional diseases of the heart. When the frequency of the pulse depends upon feebleness of the heart, it is slowed by the action of this medicament. In diseases of the heart and kidneys, accompanied by dropsy, it is employed with beneficial results, and in palpitation of the heart it exerts an influence which is gratifying to the patient. The specific indications for this drug most frequently seen by the general practitioner are as follows: Pain and oppression in the region of the heart; difficult breathing caused by cardiac disease; excited action of the heart; weakness of the movements of the heart.

The dose of the specific medicine is from 1 to 5 drops every two hours, but it may be efficiently employed as follows:  $\mathcal{R}$  Convallaria, gtt. xx to  $\mathfrak{z}$ i; water,  $\mathfrak{z}$ iv. Teaspoonful every one or two hours.

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#### Fucus Vesiculosus.

This common marine plant, found growing upon the sea-shores of America and Europe, yields a medicine which has been found useful in diseases characterized by enlargement of the lymphatic glands. It is also used with gratifying results in menstrual derangements associated with an atonic and flabby condition of the uterine tissues, and its long-continued use in obesity is said to markedly decrease the patient's weight.

The dose of the specific medicine (or a good fluid extract) is from 30 to 60 drops, but it may be satisfactorily employed as follows:  $\mathcal{R}$  Fucus, gtt. x to  $\mathfrak{z}$ i; water,  $\mathfrak{z}$ iv. Teaspoonful every two to four hours.

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Have you sent for a copy of the Materia Medica Club's book, The Medicinal Plants of North America?



## Society Meetings

### New Jersey Eclectic Medical Society.

The officers and members of the New Jersey State Eclectic Medical Society herein extend greetings to all Eclectic and progressive physicians throughout Jersey's confines. The great European war is on and every man has been called to his colors. The loyal obey. So, too, the Medical War is on and you, dear reader, Doctor, are called to the support and council; to the flag-staff and colors of your own class and kind. If you are not active in your own Society you are neither here nor there—you are on dangerous ground. You cannot be other than what your diploma made you.

Had I words with dagger points with which to draw blood of conviction calling you to your duty I would have them used right here, but a word to the wise is sufficient.

There will be held in Newark the 40th annual meeting of the Society on October 12, 1914. If you, dear reader, will send me your name and address early I will send you an announcement of same.

Respectfully,

G. E. POTTER, *Secretary*.

100 Halsey St., Newark, N. J.

### Examination of Candidates for Assistant Surgeon.

TREASURY DEPARTMENT.

United States Public Health Service.

Washington, August 25, 1914.

Boards of commissioned medical officers will be convened to meet at the Bureau of Public Health Service, 3 B Street, SE., Washington, D. C., and at the Marine Hospitals of Boston, Mass., Stapleton, N. Y., Chicago, Ill., St. Louis, Mo., New Orleans, La., and San Francisco, Cal., on Monday, October 19, 1914, at 10 o'clock a. m., for the purpose of examining candidates for admission to the grade of assistant surgeon in the Public Health Service, when applications for examination at these stations are received in the Bureau.

Candidates must be between 23 and 32 years of age, graduates of a reputable medical college, and must furnish testimonials from two responsible persons as to their professional and moral character. Service in hospitals for the insane or experience in the detection of mental diseases will be considered and credit given in the examination. Candidates must have had one year's hospital experience or two year's professional work.

Candidates must be not less than 5 feet, 4 inches, nor more than 6 feet, 2 inches, in height.

The following is the usual order of the examinations: 1, Physical; 2, Oral; 3, Written; 4, Clinical.

In addition to the physical examination, candidates are required to certify that they believe themselves free from any ailment which would disqualify them for service in any climate and that they will serve wherever assigned to duty.

The examinations are chiefly in writing, and begin with a short autobiography of the candidate. The remainder of the written exercise consists of examination in the various branches of medicine, surgery and hygiene.

The oral examination includes subjects of preliminary education, history, literature and natural sciences.

The clinical examination is conducted at a hospital.

The examination usually covers a period of about ten days.

Successful candidates will be numbered according to their attainments on examination, and will be commissioned in the same order. They will receive early appointments.

After four years' service, assistant surgeons are entitled to examination for promotion to the grade of passed assistant surgeon.

Assistant surgeons receive \$2,000, passed assistant surgeons \$2,400, surgeon \$3,000, senior surgeons \$3,500, and assistant surgeon generals \$4,000 a year. When quarters are not provided, commutation at the rate of \$30, \$40, and \$50 a month, according to the grade, is allowed.

All grades receive longevity pay, 10 per cent. in addition to the regular salary for every five years up to 40 per cent. after twenty years' service.

The tenure of office is permanent. Officers traveling under orders are allowed actual expenses.

For invitation to appear before the board of examiners, address "Surgeon General, Public Health Service, Washington, D. C."

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#### **The Eclectic Medical College, 630 W. 6th St., Cincinnati, O.**

The seventieth annual session of the Eclectic Medical College, Cincinnati, O., will open September 14, 1915, in every department. Registration days, September 10, 11 and 12.

An Ohio medical student's certificate based upon fifteen units of a high school course is required of all matriculates. Certificates must be procured from the examiner, K. D. Swartzel, Ohio State Medical Board, Columbus, O. These certificates can be procured on credentials, part credentials and part examination, or all examination.

One year's college work additional is required for Kansas, Kentucky, Michigan, Pennsylvania, Utah and Vermont; two years' col-

lege work for Colorado, Indiana, Iowa, Minnesota, North and South Dakota.

Four annual sessions of eight months each are required. Fees, \$120 per year—no extras—\$480 in all. The fees in other colleges range from \$550 to \$900, not including the cost of one or two years' pre-medical tuition fees.

We have a new, well-equipped, five-story stone and brick college building, with eight laboratories, and six salaried instructors, who devote their whole time to teaching and college work. In addition to bedside clinical instruction in the new City Public Hospital of 850 beds, we have exclusive control of the clinical material and medical dispensary in the Seton Hospital adjoining our building. We have opportunities for our graduates to compete for 39 positions as resident hospital internes.

The Faculty will be stronger and better equipped this coming year to give thorough courses of instruction in every department.

The number of medical colleges in the United States has decreased in ten years from 157 to 99. It is a case of the survival of the stronger colleges.

The Eclectic Medical College is the oldest, best equipped and strongest financially of all the Eclectic Colleges. It is one of 63 out of 99 registered in Pennsylvania, one of 63 registered in Ohio, and the only Eclectic College of the 54 registered in New York.

During the past thirteen years, less than 7 per cent. of our graduates have failed before the various State Medical Boards, and nearly all of these have passed on a second trial or in another State.

The demand now is for physicians with a rational education, who are thoroughly equipped to practice medicine.

The prospects are encouraging for a large freshman class. Students can matriculate by mail as soon as they secure the Ohio certificate, or personally, on the three registration days, September 10, 11 and 12. All work in the College opens promptly September 14th.

JOHN K. SCUDDER, M. D., *Secretary*.

630 West 6th St., Cincinnati, O.

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#### A Mouth Wash in Fever Cases.

In all fever cases where the tongue is coated, the lips dry and cracked and the teeth covered with sordes, the use of some cooling and soothing mouth wash would seem to be indicated.

Glyco-Thymoline in a 25% solution with cold water fills this want perfectly. Its frequent use is grateful to the patient and at the same time a great factor in relieving the condition.

## Selections

### Oysters and the Public Health.

Some scientists have of late attempted to disprove the long established belief that the oyster may disseminate typhoid fever. It would seem, however, from the results of the observations of many clinical reporters that this shellfish plays an active part in spreading typhoid. The New York City Board of Health, adopting this theory, has been actively engaged in preventing the possibility of contagion, so far as lies in its power. In its Bulletin Vol. III., No. 11, it takes up the subject in detail. It shows that the oyster feeds upon microscopic animal and vegetable life, which it gathers by allowing water to filter through its gills. While the oyster will reject certain micro-organisms, those which come from sewage are not thrown out. The oyster filters many gallons of water daily in order to obtain sufficient food, and any bacteria which may be in the water are very favorably located for entrance into the human stomach through the agency of the oyster.

The fact that oysters grow rapidly in slightly brackish water is well known to oyster growers. As the shores of bays and rivers in which the water is more or less brackish are almost invariably well populated, there is apt to be considerable pollution. In this connection, there is an important point which receives scant attention by oyster growers, namely, the tidal phenomena due to natural or artificial conditions. It is a commonly accepted theory that all matter dumped into a bay or river is quickly carried to sea on the ebbing tide. This in many instances is not the case and such material will frequently oscillate backward and forward, sometimes taking days to reach the sea.

Another important point is that when an oyster grown in salt or slightly brackish water is removed to water which is nearly fresh, it absorbs water very rapidly and assumes a "fat" or "plump" appearance. The "fattening" process is easily explainable by the well-known principle of osmosis, until the saline content on both sides of the membrane is identical. The fresh water of the creek or river is separated from the salt water contained within the oyster by a porous animal membrane and the amount of fresh water which enters the oyster is greatly in excess of the amount of salt water which passes out. The oysters are permitted by the growers to remain in fresh water until a sufficient quantity has been absorbed to cause them to become bloated. This is generally accomplished on an ebb tide and the oysters while swollen are erroneously called "fat." This treatment of the oyster is variously referred to as



"plumping," "fattening," "drinking" and "washing." From a sanitary standpoint, the objections to "drinking" oysters are numerous. The "drinking" is practiced in creeks or rivers and it is an extremely difficult matter to keep such streams sufficiently free from pollution to render the practice safe. The danger of pollution may be appreciated when it is stated that at one "drink" in the vicinity of New York City an inspector counted twelve boats "drinking" their oysters on the same tide. Each boat had a crew of from six to ten men who were compelled to remain on board for from three to four hours. In none of these boats had any arrangement been made to catch and hold fecal matter or urine, and during the inspector's visit the water was polluted on four occasions by the men in the boats. This creek was situated in the center of a large salt marsh, its shores were uninhabited, and there were no visible sources of sewage in the immediate vicinity of the "drink." Nevertheless, bacteriological examination of oysters collected from the various boats revealed a high degree of pollution, due, in all probability, to the actions of the various crews.

Another important point to be considered is the season of the year at which oysters are harvested. In the early fall months, September and October, the amount of fresh water in the streams is small while the degree of contamination is great, due chiefly to the fact that during the summer months, more especially in August, the rains are light, and because a certain amount of heat is a very essential factor in the growth of various forms of bacteria. Later in the season the fresh water streams are replenished by rain, contamination is lessened by dilution, and the growth of bacteria is checked to a certain extent by the lower temperatures prevailing. Still another point is the hibernation of the oyster. As an example of the great difference in the degree of oyster pollution ordinarily existing at this season of the year, the result of an investigation conducted at Jamaica Bay, L. I., may be cited. On November 16, 1912, six samples of oysters were collected from various growth whose grounds and floats were located in the vicinity of Ruffle Bar. On examination of the shell-water of these oysters, colon bacilli were found in as high dilution as 1/100 c.c. The temperature of the water on this date was about 57 degrees Fahrenheit. On December 9, 1912, a second sample was collected from each of these beds and floats, and upon examination of the shell-water, colon bacilli were found only as high as 1/10 c.c. The temperature of the water on this day was below 50 degrees Fahrenheit, as the night preceding had been quite cold. The average temperature of the atmosphere was 23 degrees, and the oysters were covered with a thin coating of ice.

In the early part of November, 1912, a sanitary survey of Chesapeake Creek, N. J., in which oysters in large quantities are habitu-



ally "floated," was made. The visible sources of contamination were very few, but the inspection demonstrated beyond question that oysters grown and "drunk" under the most favorable conditions are very liable to reach the market highly polluted on account of the lax habits of the oyster men. *Another point, very evident at this time, was that so long as the practice of "drinking" is permitted, boats engaged in dredging or otherwise handling oysters, should be provided with toilet accommodations, so arranged as to prevent the discharge of filth into the water while the boats are at the "drinks."* The bacteriological examination of oysters and water collected at this "drink" showed that both were dangerously polluted.

In Great Britain more than in other European countries, shell-fish transmission of typhoid fever is regarded as quite frequent. In 1896, Newsholme, health officer in Brighton, published careful studies showing that 30 per cent. of the typhoid infections occurring in that city were due to oysters and other shell-fish. For Belfast, the investigations of Mair showed that the extensive increase of typhoid fever from 1897 to 1909 was due in a large measure to infection from cockles gathered along a shore not far from the main sewer outlet. Thresh and Wood studied an outbreak of typhoid fever occurring in the county of Essex in 1902, and finally traced it to oysters. They noted particularly that while both Portuguese and American oysters were planted, only the former were involved, because, being unisexual, they are considered good even in summer, while the American oyster, being hermaphrodite, is usually held to be unfit to eat during the summer. This observation, by the way, is significant in view of our present knowledge concerning the influences of temperature on the habits of oysters. This will be discussed below.

So far as New York is concerned, it may at once be said that oysters probably play but a small part, if any, in the annual autumnal rise of typhoid fever occurring in this city, for the infections constituting this rise regularly occur in July and August, the time when there is only a very small consumption of oysters. In an analysis of over 4,000 cases of typhoid fever occurring in New York City in 1907, Billings noted that two per cent. gave a history suggestive of oyster infection. At the same time, in more than half of the total number of cases, the source of infection had to be marked unknown, so that the proportion of oyster-borne infections may actually have been considerably higher than two per cent. Chapin, in commenting on conditions in Providence states that during the years 1902-1905, of 263 typhoid fever patients who replied definitely as to whether they had eaten oysters, only 26, or about 10 per cent. said that they had. He adds that "very few oysters are eaten by laboring people, but at present laboring people furnish fully their share of typhoid fever."

One of the earliest outbreaks of oyster-borne typhoid fever mentioned in the literature, occurred at Wesleyan University in 1894, and was most carefully studied by Professor Conn. The outbreak embraced 26 cases and was limited to students at the university who had attended an initiation banquet on October 12th. After excluding every other possibility, infection was finally traced to oysters. "These had been grown in the deep water of Long Island Sound and had been deposited in the mouth of a fresh water creek for a day or more to freshen, before being sent to Middletown. Within about 300 feet of the place where they had been deposited, was the outlet of a private sewer coming from a house wherein were two cases of typhoid fever, a lady and her daughter. They were taken sick at such a period as to call in a physician for the first time October 11th, which, of course means that the disease had been in its period of incubation for probably considerably over a week earlier. The oysters were sent to Middletown on October 10th, and therefore they were deposited at this place in exactly the time to receive contamination during the early days of these two cases of typhoid."

In this connection, the following quotation from a Report on Typhoid Fever at Atlantic City, 1902, is of interest. "A salt-water oyster is rather bitter and 'thin' when first taken and must be 'fattened,' 'freshened,' or 'fed' before it is 'prime.' This 'fattening' process consists in putting the oyster into a mixture of fresh and salt water in certain proportions. They remain there for 24 to 48 hours and are then ready for delivery, greatly increased in size from their 'drink.' During ten months of the year the 'fattening' process is done near Absecom, where the waters are pure and safe, but in July, August and part of September the largest dealers have been 'fattening' their oysters in waters taken from the points already specified as infected with sewage." . . . "We find on investigation that all the typhoid patients, with few exceptions, had indulged freely in these raw oysters and undoubtedly contracted the disease from them."

The outbreak of typhoid fever last year in Goshen, N. Y., was traced by Stiles to oysters infected by "drinking" at the mouth of a sewage-polluted creek emptying into Jamaica Bay.

In almost all the instances of oyster-borne typhoid fever described in this country, "fattening" or "drinking" of the oysters has been found to play a prominent part.

Certain facts concerning the biology of oysters, at least of American oysters, appear to have an important bearing on the transmission of infectious diseases. From the studies of Gorham, Pease and others, it appears that oysters pass through a spawning period, varying, in northern latitudes, between the middle of June and the first of September. During this period of existence the

oysters' activities are largely directed toward reproduction. After the spawning season, the adult oysters proceed to take on renewed physical development, and this continues in proportion to food supply and other conditions of environment until the first part of November. When the temperature of the water falls below 45 degrees to 40 degrees F., the oysters appear suddenly to cease their usual activities, and practically enter upon a state of more or less complete hibernation. In the large majority of instances a continuous temperature under 40 degrees of the water, will prevent the oysters from opening the shell and actively drinking the surrounding water. It seems probable that almost without exception, oysters existing in this hibernating condition, even in greatly polluted waters, contain but very small numbers, if any, of sewage bacteria. So far as this part of the country is concerned, therefore, it would appear important to guard particularly against pollution of oysters when the temperature is above 40 degrees to 45 degrees F., in other words, especially in the early fall and in the spring. G. W. Stiles, Jr., in an article entitled "Shell-fish Contamination from Sewage-Polluted Waters and from Other Sources," published by the Department of Agriculture, says: "The shell-fish interests rank among the most important industries of the country. It was estimated in 1904 that there were more than 25,000,000 bushels of oysters marketed in this country, valued at nearly \$20,000,000. It is apparent that a grave danger threatens a valuable industry as well as the public health. The contamination of shell-fish from sewage-polluted waters presents a sanitary problem of increasing importance to those interested in the production of pure food supplies. Until comparatively recently there has been but little apprehension in this country regarding the injury to oysters from this source, but sanitarians are now awakening to the fact that either sewage must not be promiscuously emptied into our natural bodies of water or the shell-fish industries must in many cases be removed to points far distant from their present locations.

"The proper control and location of oyster beds in relation to public health should be a matter of great concern to those engaged in the industry. In selecting these it is not only essential to oyster men to consider the locality best adapted to the growth, flavor, size and appearance of the oysters, but they must also consider the possibilities of sewage contamination. Close proximity to any habitation paves the way to possible pollution, and with the multiplication of dwellings the chance of dangerous contamination increases. Because of insanitary methods of sewage disposal large areas of once valuable oyster grounds are at the present time subjected to conditions which render the shell-fish taken from them wholly unfit for food purposes. On the other hand, it should be observed that investigations have

shown extensive oysters' layings to be free from serious contamination, yet in these very localities summer cottages are springing into existence, the nearest villages and cities are rapidly encroaching upon the oyster territory and the community does not concern itself especially about the disposal of sewage.

"The New York City Department of Health has demonstrated that the beds from which oysters are taken for consumption in this city often lie in grossly polluted water. It is not the depredation of the star fish, borers, drum fish, etc., that threaten the life of the shell-fish industry, but the contamination by wastes. A thorough sanitary survey of every oyster bed should be made and this should be supplemented by repeated bacteriological examinations of both the water and shell stock taken at regular intervals under varying conditions.

"There are many factors which may influence the degree and extent of sea water pollution, and before passing judgment on the sanitary condition of a particular oyster laying, all the facts in the case should be considered. The influence of tidal change, percentage of sunlight, amount of rainfall, seasonal variations, prevailing winds and currents, the depth, and the amount of salt in the water must all be considered, though of course the proximity to sources of possible contamination is the most important item. Oysters offered for sale from polluted beds are in constant danger of seizure and condemnation by public officials. The occurrence of sewage matter in oysters cannot be tolerated from a public health point of view."

It is apparent that this important subject is being given the attention it deserves by local boards of health and the time is not far distant when this sources of typhoid dissemination will be entirely eliminated.—*The Medical Times*.

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#### Some Valuable Mechanical Laxatives.

Russian Oil and Agar are among the latest offerings of Parke, Davis & Co. They are mechanical laxatives of a high order of merit and are certain to attract widespread attention from the medical profession.

Russian Oil, P., D. & Co., is a hydrocarbon oil distilled from Russian petroleum, generally known in Europe as paraffin oil. It is tasteless, colorless, odorless, and is guaranteed to be free from sulphur compounds, acids, alkalies and all harmful by-products. Particular stress is laid upon the high specific gravity of Russian Oil, P., D. & Co., and its resultant high viscosity and great lubricating power. The product is not a laxative in the sense of stimulating the bowel by local irritation, its function being rather that of an intestinal lubricant. It passes in toto through the alimentary tract,



mingling with the food in the stomach and upper digestive tract, with the result that the feces become thoroughly lubricated and pass through the lower bowel more rapidly and are expelled from the colon promptly and easily. Not the least valuable feature of the product is its protective effect on the stomach and intestine, it being well known that abrasions or irritations of the mucous surfaces permit bacterial infection and general toxemia. If desired the oil may be taken with a pinch of salt or a dash of lemon juice, or it may be floated on a glass of water, wine, milk or other beverage. The dose recommended for adults is two to three tablespoonfuls, morning and night, for the first two or three days. Later the amount may be diminished. Parke, Davis & Co. supply Russian Oil, Aromatic, and Russian Oil, Unflavored. Physicians, when prescribing, should indicate which product is wanted.

Agar, the other preparation referred to, is a Japanese gelatin derived from seaweeds. It is supplied commercially in dry, transparent pieces that are reduced to coarse flakes for medicinal use. It freely absorbs water and retains it. It has the additional property of resisting the action of the intestinal bacteria, and of the digestive enzymes as well. Its chief use in medicine is in the treatment of chronic constipation. Experiments have shown that when Agar is eaten as or with a food it passes practically unchanged into the intestine, where it permeates the feces, and, by keeping them uniformly moist, aids peristalsis. Hard and dry fecal masses are reduced to a softer consistency, normal evacuation resulting as a consequence. One or two heaping tablespoonfuls, according to individual requirements, may be taken once a day, preferably in the morning. It may be eaten with milk or cream, or mixed with any cereal breakfast food, with the addition of salt or sugar to make it palatable.

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#### Threaded Mercury Bichloride Tablets.

We are pleased to note and give publicity to an innovation in the making and marketing of Mercury bichloride tablets by Messrs. Sharp and Dohme. A new and novel device is in the threading of the tablets, the thread running through each tablet joining it to others in the container, a bottle of unique design. Another feature of these tablets which is to further safeguard their use is the trefoil-clover-shape.

Specifically the threading will render it impossible for physicians, nurse or patient to use them without noting the usual attachment. Then the trefoil shape will identify them in the dark. Further each tablet has the word *Poison* plainly stamped across their face; last but not least is the peculiar shape and other characters of the container: a bottle of odd shape with the word *Poison* in large raised letters on the



corners which will when taken in the hand disclose its unusual and dangerous contents. We have here a number of features any one of which should insure against accidents. Together making it impossible to be mistaken.

We understand that the Threaded Mercury Bichloride Tablets are to be marketed only in bottles of twenty-five tablets each.

To avoid accidents to physicians, nurse and patient use the Threaded Mercury Bichloride Tablets made only by Sharp and Dohme of Baltimore and New York.

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#### Bovinine—Its Use in Anaemia.

It has now come to be thoroughly appreciated that anaemias are due to both the increased destruction of the red blood cell and to deficient blood cell formation on the part of such structures as the bone marrow.

The ideal treatment of anaemia therefore, is not only to replace the lost hemoglobin of the blood by administering iron, but to diminish the destructive processes and stimulate and promote the process of blood formation.

The finest results recently obtained in the treatment of severe anaemias have been in those cases where transfusions of normal blood have been given. Not only are fresh red blood cells with their contained iron added in this way but substances in the blood serum are added which stimulate the process of blood formation and diminish the destructive processes going on. Moreover it is found in these cases that the improvement is often permanent with little or no tendency for the blood to revert to its previous condition.

Transfusion of human blood, unfortunately, is a very difficult and inconvenient form of medical procedure; but the beneficial qualities of normal blood serum may still be obtained by means of administering Bovinine, containing unheated beef blood serum, by mouth.

Bovinine not only supplies hemoglobin, in which it is rich, to replenish the impoverished blood; but it supplies the substances contained in normal serum which stimulate the activity of the bone marrow in the formation of new red blood cells; and the substances having antibacterial powers in normal serum are present in Bovinine to counteract bacterial or mild infective processes, which are so often at the root of the destructive phase of the anaemic process.

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#### Rhus Poisoning.

Ivy poisoning is one of the drawbacks to the enjoyment of a country vacation when undertaken by the susceptible city visitor. Innumerable medicinal agents give more or less relief. In our opinion, the following are among the best:

Aqueous solution of sodium salicylate and colorless hydrastis, freely applied.

Aqueous solution of specific medicine lobelia, to which is added a little glycerine.

An aqueous solution of ferrous sulphate is excellent. It has the disadvantage of staining.

A weak aqueous solution of potassium permanganate often relieves remarkably, but it, too, stains the skin and linen.

If obtainable, fresh alder bark (*alnus serrulata*) in decoction, gives quick relief in many cases.

Another effective application is the so-called "Eclectic Wash" composed of lobelia, baptisia and zinc sulphate, a preparation which is now marketed under the name "Citcelce."

In every instance, if much skin is involved, the bowels should be kept opened to relieve the kidneys of some of the extra work put upon them through insufficient cutaneous action.—North American Journal of Homoeopathy.

## Book Reviews

The proceedings of the Third Annual Meeting of Alienists and Neurologists of the United States, held under the auspices of the Chicago Medical Society, July 13-17, 1914, will be published in one volume by the Illinois State Medical Journal. It will be in double column, the type and size of page the same as the Journal, and will comprise from four to six hundred pages. This book will contain the papers read and their discussions, together with resolutions adopted. The subjects covered are Acquired Insanity, Epilepsy, Mental Defectives, Alcoholism, Abderhalden Test, Syphilis, etc.

The Alienists and Neurologists of the United States have held three annual meetings under the auspices of the Chicago Medical Society. The last of these meetings, held July 13-17, 1914, inclusive, was a truly national affair. Nearly one hundred men from thirty States took part in the sessions and presented the special subject of mental diseases, both in their medical and sociological aspects, more thoroughly than any previous congress of specialists. Twenty-seven States were represented officially by representatives of the Governors of those States.

The papers read and the discussions are of permanent value, and may be considered the most up-to-date contribution to this subject, which is of interest not only to the medical man, but also to the rapidly growing group who perceive that society must protect itself against the menace of degeneracy, both mental and physical.

Committees will be appointed in every State in the Union to

bring before the Governors and Legislatures the work of this medical congress, with the hope of doing something in the way of securing uniform legislation, for the betterment of society and the control of our mental deficient.

To the end that the papers and discussions may be available, the Illinois Medical Journal will publish them in October in a special edition. A limited number of extra copies will be on sale at the office of publication, 3338 Ogden Ave., Chicago. Price, \$2.00.

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#### Special Anesthesia Supplement.

Recent years have been marked by some important contributions to the theory and, especially to the practice of surgical anesthesia, but there has lacked what is now quite needed for the further scientific development of this alongside the other departments of surgery—a journalistic medium and editorial mouthpiece.

The American Journal of Surgery will be expanded to meet this need. Beginning with the October issue and quarterly thereafter, this journal will publish a 32-page supplement devoted exclusively to Anesthesia and Analgesia.

This supplement will be a complete journal within a journal containing editorials, contributed articles and communications, abstracts, transactions of Societies and book reviews.

The supplement has been adopted as the official organ of the American Association of Anesthetists and the Scottish Society of Anesthetists and it will also publish the transactions of other like societies.

The editor of this supplement will be Dr. F. Hoeffler McMechan of Cincinnati, one of the founders of the American Association of Anesthetists and a charter member of the New York Society of Anesthetists.

He will be assisted by a staff of well-known specialists in Anesthesia, among whom we would mention:

Dr. James T. Gwathmey, New York; Dr. Willis D. Gatch, Indianapolis, Ind.; Dr. William Harper De Ford, Des Moines, Ia.; Dr. Charles K. Teter, Cleveland, O.; Dr. E. I. McKesson, Toledo, O.; Dr. Isabella C. Herb, Chicago, Ills., and Yandel Henderson, of Yale University.

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#### Items

J. W. Grindle died September 2nd after a short illness.

The Brooklyn Eclectics start their fall meetings in September. Prof. Charles Lloyd will read a paper on American White Ash.

Dr. A. C. Prichard, Hot Springs, Ark., announces the removal of his office to Citizens National Bank Building, Sixth Floor, Front.

The Fourteenth Street Building is still for sale.

Joseph Friedmann, M.D., Roentgen Ray Laboratory, "The Cluny," 133 West 72d Street, New York. Hours: 9-12; 6-7, and by appointment. Telephone, Columbus 9350. Patients radiographed at bedside.

A new illustrated catalogue of McIntosh Electro-Therapeutical apparatus has just reached the desk of the editor.

The many new designs in X-Ray transformers, portables, sinusoidal apparatus, wall plates, Universalmodes, tankless air pumps, etc., show the progress made by this concern. A copy will be mailed free if you will mention the one item of most interest to you and address McIntosh Battery & Optical Co., 322 W. Washington St., Chicago, Illinois.

Keep abreast of the times by attending Prof. Albert Abrams' course on Spondylotherapy, to be delivered in New York early in October.

#### Under-Nourished Children.

As an upbuilder in under nourished children, cod liver oil has always held the highest rank. Its distinct power as a tissue builder has served the profession in good stead when treating run-down children, but, unfortunately, owing to the unpleasant taste of the plain oil and even of emulsions, great difficulty was experienced in the administration of cod liver oil until pharmaceutical science hit upon pleasant yet effective means of giving the oil.

Thus in Cord. Ext. Ol. Morrhuæ Comp. (Hagee) the physician has at his disposal a cod liver oil preparation which will serve efficiently as a tissue builder, and which is especially adapted for use in children by reason of its very palatable nature. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) should be used whenever the oil is indicated.

Third Annual Convention of the American Association for the Study of Spondylotherapy, September 21 to 24, 1914. Headquarters, Hotel La Salle, Chicago, Illinois. S. E. Bond, M.D., Secretary, Richmond, Indiana.

J. E. Burris, M. D., died September 10th, after a lingering illness.

At the annual meeting of the American Osteopathic Association held in August at the Bellevue Stratford Hotel, Philadelphia, Pa., nearly two thousand practitioners were in attendance.



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GEORGE W. BOSKOWITZ, M. D., Editor.

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## War and Our Remedies.

All great calamities have their lesson, and the great question is do we read it aright. The manner in which this great European war will interfere with the obtaining and distributing of certain drugs and chemicals is set forth in an article to be found elsewhere in this number entitled, "War prices of drugs in America." It is written by an undoubted authority, and I hope that it may be brought to the attention of some of the members of the profession who are wont to exclude everything from their armamentarium except it be labeled "Made in Germany."

For a number of years our great universities have been slighting our indigenous drugs and medicines for the synthetics. For a number of years the great universities of the country have bowed their heads to these foreign chemists and pharmacists and have denounced as worthless many important indigenous plants and the remedies obtained therefrom. It is to be hoped that with the scarcity or almost impossibility of obtaining these synthetics, the plant remedies (Eclectic Medicines) of undoubted merit, their remedial worth having been proved and recorded by hundreds of intelligent practical physicians but placed upon the "forbidden" list by the Council of Pharmacy of the A. M. A. because they will not recognize the difference between remedial action and poisonous action—will receive the recognition they certainly deserve and which they have not received because they were not branded "Made in Germany."

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## Hints and Winnowings.

**Defective school children** furnish a subject which has evoked a great deal of discussion, and now, when a new school year is beginning, renewed attention is being given to it, eminent authorities believing the present to be an opportune time for submitting remedial propositions. Dr. H. H. Goddard, of Vineland, N. J., who is said to be the foremost authority on mental defectives in this country, has made an investigation into the New York City public

schools, where the children have been strictly graded according to educational methods, and are supposed to be reasonably normal, all the evidently defective having already been eliminated. His findings have been received with astonishment, and in referring to them Dr. R. C. Runnells, in the *Medical Century*, presents some alarming facts. In part Dr. Runnells says:

"Dr. Goddard reported that at least 2 per cent. of the children in the schools were feeble-minded. The fact was astounding and his report immediately created a storm of protest. But further investigation has proven that the estimate was very conservative. It is probable that the country over between  $2\frac{1}{2}$  and 3 per cent. of the school children are so much of a drag on the system as to be classifiable as feeble-minded. Which fact carries with it as a corollary the fact that a much larger percentage of the children not so far defective as to be classed as feeble-minded are still not up to the average of mentality. These are suffering because of the impossible attainment expected of them, while they are also inflicting irreparable damage on the other members of the class, who because of their ability should be given every possible advantage. If you force all minds to conform to a set standard which necessarily must be low, you have no right to complain of the disastrous results.

"The census of 1910 places the number of children between the ages of 5 and 15, the approximate school age, at about twenty million. If we take the low figure of  $2\frac{1}{2}$  per cent. of feeble-mindedness, it would mean that there are at least a half million school children in the United States, not now classed as feeble-minded, who should be taken care of outside of the regular public school system. These figures indicate that more than fifty thousand children are born every year who are liable to become a charge on the State. When we consider the high percentage of defectives being added to this number yearly by immigration, one authority stating that 6 per cent. of immigrants are defective, we reach a total that is almost beyond comprehension.

"One hopeful side of the defective problem is that while the minds of these unfortunate individuals may be below par all of their capabilities are not necessarily useless. No mind is symmetrically developed and these feeble-minded often have sides of their mental make-up that are decidedly useful. The higher grades of feeble-minded, called Morons, those with whom we most often come in contact, may sometimes become very useful members of society. However, this can only be accomplished by special attention to that particular case. If the attempt be made to force those without the capacity to conform to the requirements of a normal individual the machine will undergo undue strain and shortly lose what value it originally possessed. Many girls, mentally incapable of being

taught to become stenographers, might do very well as telephone operators.

"Many minds capable of more or less functioning are prevented from fuller expression by physical handicaps. Reflex irritation of the sympathetic nervous system is able to undo the soundest mind. These poor half-a-chance individuals should have every opportunity of fulfilling their greatest possibility. Therefore, each case seen should have a thorough physical examination and every possible cause or anomaly should be corrected.

"The lead taken by New York City must be followed the country over. All children showing any mental inefficiency must be thoroughly examined. If anything can be done to place that child on its feet, let it be done. If he can be taught any useful work when shielded from the stress of circumstances, there should be places where that end can be attained. If the case is beyond help the individual should be segregated, not as a punishment, but as a protection to society. No such person should be allowed at large, free from the restraint of observation, until it has been made physically impossible for him to procreate. The law passed some years since in Indiana providing for the sterilization of certain individuals, must be broadened in scope and universally adopted. Vasectomy in the male is a simple procedure and salpingectomy in the female, while much more of an operation is still less to be dreaded than an infinite number of degenerate progeny.

"Such a programme is comprehensive and at first glance seems impossible of attainment. The cost would not be small, but the benefit accruing would be disproportionately great. If we do not spend small sums in preventing this calamitous condition we will be forced to spend larger sums in caring for it. Think of the Kalikak woman whose descendants cost the State of New Jersey alone millions of dollars; a few hundreds spent on her would have saved the larger amount and have kept her innocuous and happy. One wonders how many such families are in the process of development today."

The following abstract, embodying the feasible suggestion of Dr. H. H. Hart, is taken from a report made by the North Carolina State Board of Health:

"The menace of the feeble-minded to our own and future generations, through the seemingly impossible problem of segregation, has only during the past decade received the attention its magnitude demands. This question past generations have neglected, in the futile hope of its elimination through the law of "the survival of the fittest." \* \* \* \* Dr. Hastings H. Hart, director of the Department of Child-Helping of the Russell Sage Foundation, has for years been indefatigable in his efforts to find a working program

to meet the problem of mental defectives. He believes in legislation, to give the State absolute control, as is the case with the commitment of the insane, if real results are to come from segregation of the feeble-minded.

"Since it is impossible to provide in the near future for all of this class, Dr. Hart is strongly advocating (1) that in every new institution for feeble-minded children preference be given in admission to girls of child-bearing age, and (2) that every institution for feeble-minded shall cease to receive girls under the age of twelve, or boys of any age, until every feeble-minded girl of child-bearing age is provided for."

The legislative season is soon to begin, and with it all sorts of freak and unjust propositions will be brought before the legislators of the several States by medical politicians. It will, therefore, do more good than harm for Eclectics to be watchful and carefully scrutinize every bill presented that has the least reference to the practice of medicine. Some of our most absurd and needless laws appeared innocent enough until their "jokers" were brought to light. In speaking of these ridiculous medical laws, Dr. W. N. Mundy, chairman of the Eclectic National Committee on Organization and editor of the *Eclectic Quarterly*, in part says:

"Legislation of every description is being pushed. All has for its ultimate object the regulation of the physician who has equipped himself, whilst the quack, the advertiser and drugless healers, many of whom have pursued only correspondence courses, are exempt from its provisions. I can not conceive how one branch of the profession should be compelled to comply with certain conditions from which others are exempt. The drugless healers, faith curists, etc., are besieging our legislative halls and securing exemptions from the provisions of the various medical acts of the several States. The Osteopaths have separate boards in twenty-two or twenty-three States and representatives upon others by legal enactment. They are exempted also from many of the provisions of the law, especially those due to preliminary requirements. How did they acquire their exemption? Not only in this direction, but in another direction legislation is being pushed which vitally interests all physicians. The anti-narcotic laws, whilst seemingly having a legitimate and benevolent purpose, have concealed behind them ulterior motives and menace the physician in the pursuit of his work. The Harrison bill, seemingly innocent, but as amended by Senator Nelson is mischievous and renders a physician amenable who administers a narcotic to a suffering patient. In Ohio, ex-boilermakers are privileged to inspect a physician's office at will, and if he should happen to have more than a stipulated amount of any of the narcotics he may be haled before a magistrate and fined.



The intent of the laws are good, but behind their enactment an ulterior motive exists, to compel all physicians to prescribe, not dispense, their own medicines. In Nevada it is illegal to prescribe sufficient chloral or morphia to quiet the ravings of a case of delirium tremens or even to administer a drug hypodermically. Possibly you are all aware of these things, if so, why do you not arouse yourselves and attempt to see that your interests and privileges are not interfered with by this wild and reckless craze for legislation to make all men angels."

**The severity of pain** is not always easily estimated or appreciated when given as a symptom, and still it is of the utmost importance that the physician should be able to recognize its intensity. Neurasthenic and neuropathic individuals are very likely to magnify the severity of the pain felt, a fact which it is well to keep constantly in mind when examining such patients. Some persons complain bitterly of slight pain, while others pride themselves on being able to quietly endure or conceal severe pain, but the facial expression will usually reveal the actual amount of suffering. Severe pain is an important element of disease, for if long continued it is sure to affect nutrition and reduce the bodily weight.

**Old age**, apparently, does not lessen the endurance or efficiency of the leading generals engaged in the titanic struggle now going on in Europe. Gen. Sir John French, commanding the British forces in France, is 62 years of age, and the great French generals, Joffré, Pau and Gallient, are each about 70 years old. The commanding generals of the German forces in France are nearly all old men, Gen. von Eimuch being 66, Gen. von Kluck 68, Gen. von Hausen 68, Gen. von Heeringen 64, Gen. von Eimen 61, Gen. von Bulow 68, and Gen. von Moltke is 66. Gen. von Hindenburg, commanding the German forces on the Russian border, is 67, and, judging from the newspaper reports from that region, he must still be a rather lively old fellow.

FYFE.

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## Original Articles

### War Prices of Drugs in America.

JOHN URI LLOYD, PHAR. M.

Before this article reaches the reader, probably most physicians concerned will begin to appreciate that, although the "world war" is practically located in Europe, its effects are far-reaching enough to greatly concern America. This writer has, more than once, been asked to explain why it is that a European war can untowardly affect the



price of an American-grown material, and especially why many substances apparently out of touch with the war zone are increasing in price, or are even being marked "out of market."

Another question asked is regarding the remedies likely to be affected by the increased price, and to what extent the prices of drugs may be affected. A few words in this connection may therefore be of service to the readers of this Journal.

Many are the sides to these questions, many are the influences, direct and indirect, that could be mentioned to account for this condition of affairs. A few of these may be usefully put in print, the statements being helpful to physician readers.

All preparations and all products that come solely from the blockaded ports are, naturally, practically eliminated from commerce. Their elimination means, in this direction, a drug famine, and therefore, holders of such drugs are not only requesting purchasers not to over-order, but are also cutting down the amounts furnished their patrons, and thus aiming to make present supplies stretch over as long a period as possible. It is no longer, "To whom can we sell?" but "How shall we prevent sales?" In this connection, however, it may be stated that the products of the blockaded European ports are, fortunately, not generally of the nature of the remedies employed by the readers of this Journal. In fact, it is likely that few Eclectic physicians will suffer anything more than a slight inconvenience, for American manufacturing pharmacists and American chemists are in a position to supply legitimate remedial agents in quantities sufficient to serve the needs, not only of the Eclectic profession, but of other physicians whose practice lies in the direction of legitimate pharmacy and pharmacopeial preparations recognized by such American physicians as are not subject to foreign domination. Possibly the various inquiries made of this writer by his physician friends are most thoroughly and lucidly answered by the extracts from the different pharmaceutical journals which, within the last month, have been voluminously advising pharmacists concerning the drug market, drug famine and drug prices. Inasmuch as these journals are not generally seen by physicians, and inasmuch as physicians are as much concerned as are pharmacists, perhaps the best way of answering the many questions in these directions, is to make a comprehensive selection of a few of the important features of these editorials. We therefore present some that are typical of the many at our command.

#### FROM EDITORIALS IN PHARMACEUTICAL JOURNALS.

*The War.* The titanic struggle in Europe has already demoralized the markets of the world and the end thereof no man can foretell. Our own drug market, depending as it does so much on Europe for supplies, is probably more affected than any other, and druggists must

expect enhanced prices for months to come as well as shortage of supplies in many lines.—From *Drug Topics*, August, 1914.

*Druggists Must Revise Their Price Lists.* Humanity stands aghast and shudders over war-ridden Europe.

No man can contemplate the war's solution nor define its limits.

Thinking men are non-plussed at the course of recent events.

Due largely to interruption of the world's commerce, American manufacturers, jobbers, wholesalers and commission houses have rescinded all catalogues and price lists at the present time.

You will be compelled to pay increased prices on all goods of foreign origin when replacing your stocks; this applies to many chemicals, crude drugs, soaps, perfumes, essential and fixed oils, and toilet waters; and an immediate attention and change in your selling schedule seems advisable if not imperative. From *The Apothecary*, August, 1914.

*War Prices.* Prices on many drugs, chemicals and foreign proprietaries of various kinds have advanced tremendously recently because of the war in Europe. The quotations in our Prices Current Department, while correct on the date of publication, may be far wide of the mark when this issue reached our subscribers. Druggists should, therefore, exercise the greatest caution in their purchases, and carefully note their invoices, to avoid selling goods at a loss, some of the more common drugs and chemicals having scored the greatest advances. From *The Western Druggist*, August, 1914.

*Long Names.* In his annual report, Otto Raubenheimer, Chairman of the Committee on New Remedies, New York State Pharmaceutical Association, notes that nothing startling has been brought forth during the year, even the tar barrel proving somewhat barren. Holders of patents about to expire have been more or less active, however. Novatophan has been introduced by the manufacturers of Atophan, and Novaspirin, it is hoped, will merit as warm a welcome as was accorded Aspirin. Mr. Raubenheimer finds cause for congratulation in the fact that "sesquipedalia" gives evidence of a healthy decline. "Luckily for pharmacy and medicine," he remarks, "Long chemical names with as high as 90 letters are on the wane. In my present report there is but one having 48 letters, namely, *Dimethylaminotetraminoarsenobenzole-Hydrochloride*, an organic arsenic preparation, containing 25.5 per cent. of arsenic, and a relation of 606 and 909." From *The Bulletin of Pharmacy*, August, 1914.

*War Prices and Drugs.* With the strict embargo now in force on many foreign products as a result of the war, the prices on imported drugs, patent medicines, surgical and laboratory appliances have risen to heights that are perhaps in some instances unreasonable. The opinion among medical men and dealers is that, unless the war is speedily terminated, the American market will be swept clean of many useful

articles until factories can be put into operation in this country to supply the deficiency. From *The Spatula*, August, 1914.

Under these circumstances it is not surprising that the drug market has become disorganized, and that neither buyers nor sellers know what to do. Economy in the prescribing of such drugs as are made abroad under foreign patents, or are manufactured from raw material that does not exist in this country, is obviously necessary, and we have no doubt that prescribers will act accordingly. We understand that some of the wholesale houses have advised their customers that all the quotations in their lists are without engagement. From *The Pharmaceutical Journal and Pharmacist*, August, 1914.

Of most particular movement in the trying situation that now confronts the retail drug trade is the matter of adjusting selling prices so as to maintain profits commensurate with the rapidly advancing cost of supplies and of foodstuffs and other necessities. The first difficulty met in an endeavor to arrive at an adequate selling price is that of the impossibility of knowing what it will cost to replace the goods sold. This necessitates a careful supervision of all selling procedure, that will, as far as possible, guard against the unnecessarily rapid depletion of stocks. This may necessitate the limiting of the sale of imported drugs to minimum quantities, as, for instance, one-half ounce of chamomile flowers, one dram of Spanish saffron, four ounces of epsom salts, one ounce of a bromide, one-half ounce of an iodide, one dram of menthol, one ounce or two ounces of tinctures, one dram or two drams of essential oils, and so on. At the same time the price of all these products should be increased in keeping with the weekly quotations in the price-current columns of the *Journal*. It will also be well to get in touch with physicians and ask them to prescribe the coal-tar products, bismuth salts, bromides, iodides, calomel, preparations of digitalis and belladonna, alkaloids, opium, and so on, in small quantities. Particular care should be taken to conserve the stocks of alkaloids. Although there is considerable quinine made in this country from bark obtained from sources not disturbed by the European turmoil, there is likely to be a high quotation on this substance. The opium alkaloids will be especially subjected to advanced quotations. In one way this may prove a blessing through the curtailment of the supply for immoral uses; a very small proportion of the amounts of these imported is required for purely medicinal purposes. From *The Journal of the National Association of Retail Druggists*, August, 1914.

*The Drug and Chemical Market.* The existing state of practically universal war on the Continent has not failed to further force up values of many drugs and chemicals, especially those for the supply of which Germany has hitherto enjoyed the monopoly. From *The Pharmaceutical Journal and Pharmacist*, August, 1914.

The mere fact that price lists and quotations have been withdrawn

does not imply that it is intended to charge higher prices than is absolutely necessary, and we have reason to believe that the profits of the leading wholesale druggists are at present much smaller than at normal times, the more especially because all existing contracts are being fulfilled as usual. A perusal of our market reports for the past two weeks should be sufficient to show to what an extent prices have been advanced against the wholesale dealers, and it would be unreasonable to expect any firm which has had to replenish its stocks at these much higher rates to continue to supply the goods at a loss where no contract exists. From *The Pharmaceutical Journal and Pharmacist*, September, 1914.

*Upheaval in the Drug Market.* Never in the history of the country has there been such an upheaval in the drug market as during the past ten days. (This is written August 11th).

We did not realize at first that a general European war would stop imports, temporarily at least, of most of the drugs and chemicals employed in the manufacture of medicinal preparations. We now know that it includes nearly everything in both vegetable drugs and chemicals.

When the drug trade became aware of the probable conditions prices began to soar. A price that looked dear one day looked cheap the next day.

Importers and wholesale dealers were literally swamped with orders, most of which they could not fill. What the final outcome will be no one can now even prophecy. It seems evident, however, that while prices are going up like a rocket they will not come down like a stick. From *Physicians' Drug News*, September, 1914.

*War Prices for Drugs.* It is difficult to offer anything at this time that will pass for dependable forecast of the effect the European war will have on the drug markets of the United States. Drugs and chemicals are soaring—we know that much—and some of them threaten to go out of the market wholly. The advance in "carbolic acid crystals," as they are commercially quoted, has been advanced from about 17 cents a pound to (at the time this is being written) 50 cents, with no one so daring as to say what will be the outcome. Other chemicals are quoted nominally, with the reservation that only small orders, if any, will be accepted. Meanwhile the essential oils are quoted only nominally, are subject to change from hour to hour, almost, and in some instances for the immediate present may not be available at all.

Some of the advances have been extraordinary. Potassium permanganate—to mention one instance—has already advanced some 600 per cent. From *Pacific Drug Review*, September, 1914.

*The Drug Market.* Probably at no time since the civil war has the drug market been in a more unsettled condition than at the present time. How long present conditions will last no one can foresee.



Beyond paying higher prices and temporary inconvenience, the American drug trade is not likely to suffer to any great extent. In the meantime, this country will have learned a lesson, and the probabilities are that after this war is over we will no longer look to foreign countries as the main source of supply for drugs and chemicals. From *Northwestern Druggist*, September, 1914.

*England's Embargo on Drug Exports.*—The British Government has placed an embargo on the exportation of drug and medicinal chemicals as well as those used in the arts. As London is the great drug market of the world and holds much of the original produce of all countries, this embargo will seriously affect this country, for many of our important drugs are shipped from that city. The policy adopted by all European countries seems to be the conservation of every material used medicinally by forbidding exportations, so little replenishment of stocks here can be expected. Even partial resumption of ocean traffic and bank exchange will not materially lessen the shortage, as the manufacture of many of the important foreign drugs and chemicals will either be stopped or supplies will be commanded by the governments of the countries producing them.

The imposition of heavy war taxes and indemnities is also another factor that will increase prices.—From *American Druggist and Pharmaceutical Record*, September, 1914.

Several of the larger importing and manufacturing houses have issued announcements to the effect that they had been obliged temporarily to withdraw all quotations and discontinue the entry of contracts, promising their best efforts in meeting such reasonable current requirements as the market conditions afforded. The sensational advances which have featured the interval may in many instances be justified in the absolute dependence upon the countries involved in the war and the reasonable uncertainty over the resumption of regular relations. In some cases dealers resorted to extreme prices with the view of blocking purchases, but the expedient proved of little check upon the more insistent buyers.—From *The Southern Pharmaceutical Journal*, September, 1914.

*The War and the Drug Trade.*—As might have been expected, the present unparalleled state of war which exists on the Continent and on the surrounding seas, with the resulting practical total cessation of Continental traffic, as well as the grave interference with oversea traffic generally, has had the effect of seriously enhancing the values of those chemicals of which we practically draw the whole of our supplies from the Continent. This applies to articles such as antipyrine, phenacetin, salicylates, salol, acetyl-salicylic acid, formamine (hexamethylenetetramine), quinine, santonin, and potassium permanganate, as also, indeed, more or less to the whole range of German chemicals, and to very many others, for instance, bromides, carbolic acid, glycerin, iodides,



opium and its derivatives (morphine, codeine, etc.), and others. In fact, it may be taken that the value of practically every drug and chemical will be more or less affected, possibly in many cases seriously affected. Under these circumstances it is not surprising that the drug market has become disorganized, and that neither buyers nor sellers know what to do.—From *British Columbia Pharmaceutical Record*, Sept., 1914.

*Comments.*—In connection with the foregoing it will be seen that only a few preparations used by the Eclectic physician in any amount are mentioned by name, which leads us to remark that the American School in Medicine (Eclectic) has been for nearly a century aiming to protect the American medical profession and the people of America against just such a condition of affairs as has now arisen to paralyze Americans concerned in favoring European products rather than the American.

And now comes another question. It is being appreciated that this European war is also, to an extent, influencing the prices of some of the home-grown drugs, which leads us all to study the question as to how this condition is possible. Perhaps a comparison may be best made with other home-grown substances. For example, the prices of American food products, wheat, corn, rye, oats, etc., have enormously increased even in the face of extraordinarily large crops. The prices of many substances made in America have also increased, as, for example, Epsom Salts, and chemicals generally, such as Hydrogen Peroxide, Cocaine, Menthol, etc., etc. In addition to this the stamp tax confronts American medicine manufacturers. The increased price of living in all directions applies to the collectors of drugs as well as to any other class of people, for the families of those concerned in American drug culture, as well as American factories, have increased expenses. And thus, in the line of what is known as "sympathetic effect" we find a possibility, or even a necessity, for an increased price of materials seemingly afar from the war zone.

And yet, taking all in all, the intelligent Eclectic physician and the physician who has studied American, instead of European processes, is without much fear of a professional disturbance or a greatly increased drug expense. The small doses of the remedies employed in Eclectic medicine, the opportunities for change from one well-known drug to another equally well-known drug that can be used for similar affections, the comparatively slight increase in expense that will occur along the entire line, are subjects of comfort to the American physician who has been patriotic enough to consider "America first," and whose confidence has been placed in American pharmacists, American chemists and American opportunities.

Let us hope that when this war is over, whether that period be near or distant, a different spirit may be manifested among persons who, for the last few decades, have seemingly been concerned more in

the aggrandizement of outsiders than their own people, who have seemingly been subjugated in some inexplicable manner, in such a way as to accept that all that is creditable in educational directions, and all that is useful in commercial directions, must appear under a foreign label.

Cincinnati.

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### Diabetics, and the Reaction of the Urine of Tea Drinkers.

BY N. M. DEWEES, M. D.

I have written several articles on the treatment of diabetes within the last two or three years, but every little while some physician writes asking me to give my treatment for this disease.

The physician in active practice, busy with his daily routine of business cares is apt to forget what he reads in the medical journals and does not know where to find them containing the article dealing with the subject in hand when wanted. Let me make a suggestion which if followed will save time and trouble. Get a small blank book, and when reading an article which is thought may be useful, write the name of the journal, title page, and date of publication; then file away the journals as they come. This will enable one to find what he wants without loss of time.

We are called upon to treat patients in all stages of this disease, some are able to take and assimilate a reasonable amount of carbohydrate food. But when these are taken in excess there is the resultant sugar in the urine, for one or two hours after eating. The balance of the time until the next meal the urine is free from sugar. In other cases the urine is hardly ever free from sugar, the patient being unable to digest and assimilate any form of starch or sugar. In some well-defined cases there is no structural change in any of the internal organs. In others, especially those of long standing, such change is found in the liver, pancreas, heart, lungs, and kidneys. In the former class of patients, they being over forty-five years of age, the prognosis is favorable in the majority of cases. It is my opinion that all will be benefited and many cured with proper treatment diet and hygiene.

Now a word on the examination of the urine. In some diabetics the urine may be normal or scanty, while in others the amount voided in twenty-four hours greatly exceeds the normal.

If equal parts of the copper and soda solution of Fehlings' sugar test are mixed together in a test tube, then twice as much of the urine as the two together are added, mixed, and boiled. The reaction which takes place will change the color from a yellowish to a dark brown or black according to the amount of sugar in the urine. There are other things, however, that will cause the same reaction without a trace of sugar being present. The urine of tea drinkers when that beverage is

taken in excess, will give the same results to the test referred to above as sugar. Fragrant schumach will give like results.

To test for tanates in the urine mix in a test tube Fehling's solution as mentioned above. Carefully let the urine trickle down the sides of the test tube so as not to disturb the solutions in the bottom; do not shake or boil; examine in the light; if a smoke-colored line appears in the urine just above the blue at the bottom of the tube, tea, fragrant schumach, or like substances is the cause.

The importance of care, in this connection, comes from the fact that tea drinking is very common especially among women, and many times we have to give the fragrant schumach in large doses to accomplish our ends and patients may be doing well, and on this account the treatment may be changed to their detriment.

Diabetics should take exercise in the open air as much as possible without fatigue, but when the blood is constantly loaded with sugar, it will require care to prevent this. In this condition the patient tires very easily, the nervous system suffers, the mental faculties become inactive, incapacitating them for business or study.

Do not advise your patients to wear woollens next to the skin, as that organ is so sensitive that it causes creeping and itching sensations that are very annoying. Fleece-lined cotton with the nap worn on the inside is warm enough.

The diet for these patients has been an object of much study, of late years, and is of very great importance. An exclusive proteid diet is not to be enforced. While all kinds of meat are allowed in reasonable quantities, it is best to allow some form of carbohydrate food in the bill of fare. The ones likely to do the least amount of damage are lentils and soup beans. As much fat butter and cream as can be assimilated are commended. Many recommend gluten bread, but this is not fit for the diabetic patient. A meal or flour obtained from wheat in the process of milling, which I have called Bio Triticum V. makes good bread either with yeast or baking powder or boiled the same as cream wheat or other cereals, and eaten with cream is very nutritious. This is the best and least harmful of all cereals and with proper medication the patient may eat as much as desired without the resultant sugar in the urine unless the case is very far advanced. There is one drawback, however, to this food, as it contains the germ of the wheat in a great measure unbroken with the gumming substance which surrounds it. With the ferment peculiar to all such seeds it will not keep long in hot damp weather. For this reason it is not advisable to order more than fifteen or twenty-five pounds of it for one patient. If this is kept in a dry cool place it will stay good until used.

In my experience there are but two remedies which directly influence this disease. They are specific fragrant schumach and elixir podophyllum. The former is indicated where the amount of urine

voided in twenty-four hours is excessive. Give specific fragrant schumach drams two to drams three glycerine qs. ozs. four a teaspoonful every three hours. If the results are not satisfactory increase the dose. I have given one ounce of this drug in a four-ounce mixture a teaspoonful every three hours, and would not hesitate to give a teaspoonful in a little water that often if necessary. We must check the excessive flow of urine if we sustain our patient's strength and mitigate thirst.

The elixir podophyllum is very important in all cases. It establishes harmony between all the organs which influences the digestion and assimilation of the carbohydrates of the food. Being a direct stimulus to the liver and pancreas, it promptly rids the blood of animal sugar. Give of the elixir one to three teaspoonfuls a day before meals or as much as the patient will stand without too much physicing. But as in treating all other diseases, we are not to forget that the indications are to be met with proper remedies.

Cambridge, O.

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### Origin, Need and Use of the Enemata and Hot Water as a Remedial Agent.

BY ALCINOUS B. JAMISON, M.D.  
(Second Paper.)

Perhaps the best and most comfortable and convenient method of flushing the large intestine has been adopted on my suggestion by some of my patients, who, by using my enema handle and a rubber tube attached to a faucet, while sitting on the toilet seat enjoyed a generous flow and pressure of water from the city supply. For the benefit of those afraid to prescribe the enema, I will state that these patients are still living and enjoying good health.

When you use water for a *dépurant* purpose, you need plenty of it, in order satisfactorily to flush the whole length of a tortuous tube some five feet long and from two to three inches in diameter; hence the water capacity of my two enema reservoirs, which is quite sufficient to meet all the requirements of the various complicated cases of bowel trouble that require a generous supply of tepid or very hot water. This obviates any interruption in the use of the enema or the recurrent douche treatment until one or both are satisfactorily completed, and without changing one's position on the toilet seat. It is foolish to "flush" a long, tortuous, foul sewer like the large intestine with one or two quarts of water, and hope for hygienic results. This small quantity, however, may be used in one or two preliminary efforts before flushing the whole length of the colon.

External anal pressure is of very great assistance in flushing the colon, as it aids in preventing the return of the injected water, and thereby promotes its conveyance along the colon until it arrives at



the surgically famous vermiform appendix. It is of more importance that the large intestine be relieved of gaseous distention than of the feces, as the gases prevent the peristaltic action of this intestine, and thus increase the liability of the caecum and ascending colon to disease from *undue retention* and *putrefactive changes* in the fecal contents of the organs. An abnormal amount of gas in the intestines will cause fecal stasis and obstipation in various sections of the bowels, by causing kinks, dislocation, pouching, doubling, and in fact a very great knotting up of the very pliable tube or canal of so much importance to man.

The chief purpose of an enema is to produce depuratory results; that is, to remove feces, gases and toxic material from the large intestine, and leave the organs clean and competent to perform their future functions. To accomplish this effectually, and at the same time to avoid stimulating an increased flow of blood to the irritated and diseased organs, the water should be about the normal temperature of the body, which is about 98½ degrees.

Enema water too cold or too hot will more or less aggravate the sensitive, inflamed structure of the diseased organ, for the relief of which the enema is taken; therefore, the question of temperature is most important. Water used for flushing the large intestine may range in temperature from 90 to 105 degrees, for within those extremes it will not be likely to increase the existing chronic engorgement of the diseased parts.

To take an enema, large or small, sit on the toilet seat with the enema handle between the limbs, and with the anal point near the anus. Open the shut-off, allowing an ounce or so of water to escape, to free this portion of the syringe of air; then insert the anal point into the anus by making a downward pressure on the handle in front of the seat, and allow from six to eight ounces of water to enter the rectum, when the shut-off should be closed to prevent waste of water and to permit the withdrawal of the anal point by raising the handle. You are now ready to expel the water, as well as the fecal matter and gases. Either pull the handle a little forward and upward, or turn it to one side, so that it will not be soiled; then relieve yourself. This constitutes a preliminary injection.

Frequently it is desirable to take another preliminary injection of twelve to sixteen ounces and expel it before taking the large one, which is variously called "flushing the colon," "taking an enema," "taking an internal bath," etc. It is essential, first, to get rid of the feces, gases, etc., in the rectum and the sigmoid flexure, so that they be not sent back, when you proceed to "flush" the colon, to the region where surgical operations are often made—the appendix.

After the water has been expelled, it may be advisable to repeat the full flushing of the colon, to insure cleanliness. Many are able



to inject four quarts of water at one time. The water should be expelled at once, if possible. In some cases, it is not necessary to inject more water than is needed thoroughly to evacuate the bowels, taking one or two preliminary injections, to be followed by the injection of one or two quarts of water, as occasion demands.

The object of the enema is two-fold: (1) to remove the fecal mass from any portion of the large intestine, and (2) to insure cleanliness of its mucous membrane after the removal of feces and gases.

To secure gastro-intestinal cleanliness, the act of defecation should occur three times in twenty-four hours, and it is just as easy to establish the habit of three evacuations daily as that of two or one. No possible harm can result from the frequent and generous use of the enema during a lifetime; indeed its regular use will prolong life and make it more efficient and comfortable. I have often informed a patient that no harm could result from an enema taken every hour in the day. As a rule, the enema should be taken at least twice daily, preferably on retiring at night and soon after breakfast, at regular times if possible. Such a practice, in many cases, obviates the need of large injections.

Before using the toilet towel, cleanse the colon, rectal and anal canals, and the integument around the anus, by allowing an abundance of water to enter the bowels, withdrawing the point while it is still flowing. Then wash the anal integument. Should there be, at any time during your use of the enema, an escape of water about the anal point, adjust the point more closely to the parts by moving it from side to side, or a little forward or backward, and at the same time tighten the sphincter muscle around it with an inward lifting of the parts, while sitting erect and leaning somewhat to the left, thus aiding the passage of water upward into the colon. It is well, also, to regulate the speed with which the water enters the bowels, to accomplish a satisfactory depurant result, taking from two to five minutes, or even more. With some, if the water is allowed to flow in very rapidly, the various segments of the rectum and colon may not readily accommodate themselves to the inflow, and will make an expulsive effort to return the water before it has accomplished its purpose, thus defeating the object sought through the enema. With others, however, the flow may be as rapid as desired. The speed must be left to individual judgment and experience.

Since we have learned that proctitis and sigmoiditis necessitate the use of the enema, or some other means of relief from the chronic fecal obstipated condition occurring above the diseased region of the bowels, the question would naturally arise as to which is the best means to relieve the obstipation in a hygienic manner, without aggravating the diseased organs in our effort to evacuate the bowels two or three times a

day, and leave them clean and receptive to the oncoming lees of the last brew, for the purpose of bodily sustenance.

Along the canal of the lower bowels invaded by chronic disease, we find an inflamed, swollen, indurated, bleeding, ulcerated, constricted, kinked, prolapsed, or telescoped condition of the organs, and the mucous membrane bathed in foul excreta, pus, mucus casts and shreds, reminding one of the Augean stable that never had been cleaned.

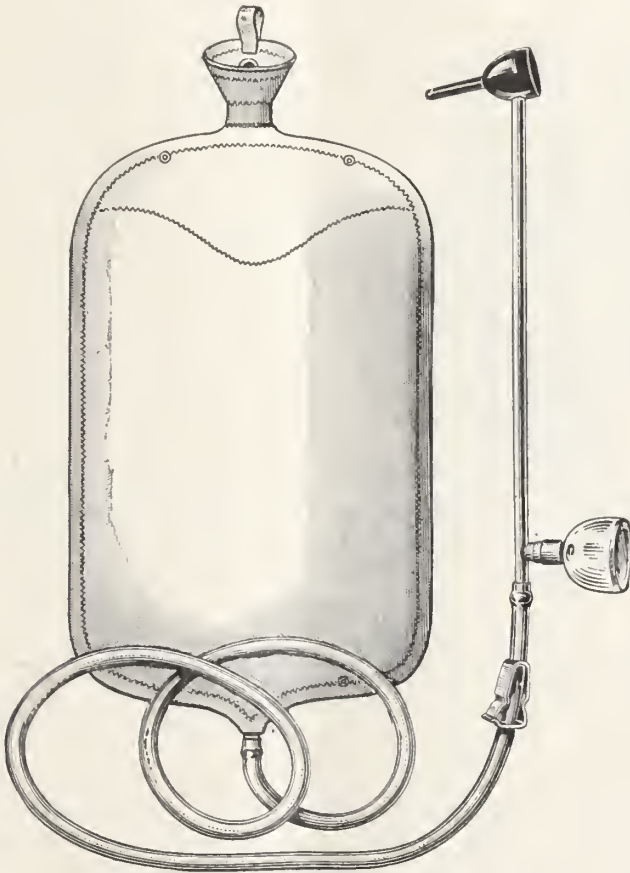


FIG. 2.—NIAGARA FOUNTAIN SYRINGE.

The above illustration represents the Niagara Fountain Syringe, to which can be attached the enema handle (Figs. 22 and 23), or the combined enema and recurrent douche handle (Fig. 21). The Niagara Fountain Syringe is made of soft rubber and holds about two gallons of water, and is of great convenience when traveling or in need of a hot-water bottle.

Could any person with ordinary intelligence suggest anything better than the proper use of medicated water to meet all the exigencies of such a case?

How often should the act of defecation occur in twenty-four hours for man to maintain good health? If one is accustomed to partake of

food three times a day, hygienic requirements would demand that the act of stooling take place not long after each meal—morning, noon and evening. The breakfast should have been absorbed into the system, and its residual portion and the waste matter of the body should reach the sigmoid receptacle, by the noon intake of foodstuff, which likewise should be disposed of, by normal action of the stomach and bowels, by the time the evening quota of food arrives, thus avoiding any intermingling of the chemical products of each separate intake of food

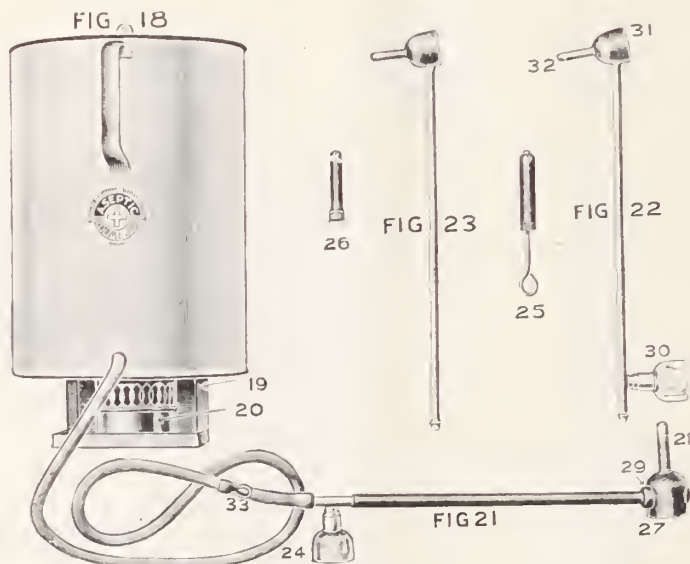


FIGURE 1.

18, enamelled reservoir; 21, hard rubber handle; 22, metal handle; 23, metal handle; 19, lamp support; 20, lamp; 33, rubber tube and shut-off; 24, glass bottle; 27, hard rubber anal cone; 29, valve; 28, enema point; 25, 26, recurrent douche points; 30, glass bottle; 31, hard rubber cone; 32, enema point.

The enamelled reservoir holds three gallons of water. I also have a soft-rubber reservoir, holding about two gallons of water, to which can be attached handles (Fig. 21, 22 or 23), as may be desired. The glass bottle (24 and 30) are reservoirs for depurant oil, which is carried with the water into the large intestine as far as the water may pass.

Generally man is accustomed (with the sanction of his doctor) to taking at least four meals into his gastro-enteric canal before a scanty stool takes place, after much waiting and straining effort. Imagine, if you can, the filth of four or more different stages of fermentative products combined in one putrefactive mass, generating poisonous gases and destructive bacteria. No wonder man is bloated with poisonous gases and has fecal stasis, discharge of mucus, pus and blood, and in due time becomes an invalid. The large intestine filled with gases obstructs the passage of the fecal mass; hence, disease of the caecum, appendix and ascending colon, etc., which, as a rule, may be traced to proctitis, sigmoiditis—ignorance and indifference to Nature's healthful laws on the part of the tenant of the physical organism: thus interrupt-

ing the normal gastro-intestinal journey of both the useful and waste products of food and of the body.

By the use of makeshift drugs, humans are beguiled into taking even more than six meals before stooling, without regarding gastro-intestinal cleanliness as of any importance. But their disturbed internal and external economy at least makes them wonder what to do about their annoying physical dilemma. For thirty years I have been telling them what to do about it, and many have seen the light and taken the hint as to flushing the gastro-intestinal apparatus, *per os* and *per anum*, with water at regular periods, until the normal psychic impulse and physiological activity is established all along the line of prehension, digestion and elimination.

To meet all the requirements for the medicinal use of water in the bowels, I devised a combined enema and recurrent douche appliance. The instrument is known as "The Internal Fountain Bath for Home Treatment." The foregoing illustration gives a very good idea of its construction and merits.

*(To be concluded.)*

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### Items from the Field of Neurology.

BY THEODORE ADLERMAN, A.B., M.D.

A case of adiposis dolorosa in an imbecile, blind and epileptic is reported by Prunier. Everywhere there was great sensitiveness to pressure especially over the more dense lipomatous spots. Passive movements could be made without pains or joint symptoms, and the joints were not deformed. The vasomotor disturbances were prominent and nose bled frequently. Thyroid extracts gave no results in this case.

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Another case of Dercum's disease is reported by Hascoveres. The patient, a woman of 62, without hereditary stigmata. The disease developing at menopause was characterized by pain and disturbances of general sensation, crises of weakness, disturbances of the sympathetic system, transitory edemas followed by a diffuse hypoplasia of the fatty tissue, painful on pressure; some disturbances of motion and an enlarged thyroid gland. The case would suggest to anyone lipomatosis, with a vasomotor neurosis, hysteria or neurasthenia. In fact, I often wondered whether we could not classify Dercum's disease among the edemas of nervous origin, yet in the same time it can not be denied that it seems to be a morbid entity.

Melancholia of involution is mostly characterized by uniform despondency with marked fear, different delusions of self-accusation, of persecution and of a hypochondriacal nature, a moderate clouding of



consciousness leading to a steady mental deterioration. Most of these cases are in women between fifty and sixty.

In a case recently seen by the writer, the main symptoms were of the "nihilistic delusions" nature. The patient claimed that no one was alive, but herself and that she did not see how she could have any children to repeople the earth.

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Drop doses of *nux vomica*, combined with 4 drop doses of *aesculus*, have a marked effect in many cases of melancholia. This applies especially to cases who see things, who see and have insects, snakes and reptiles crawling over them. The administration of the above mentioned remedies is followed by quietude, they become quiet and do not seem to be so miserable. I administer the medicines hourly till results are apparent.

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Strychnine is a very strange nerve stimulant and can be used in all cases where alcohol is recommended by your old school writers. Strychnine is a true tonic, a true stimulant and its use will not follow by any cravings as is the case with alcohol. In cases where people abstain from alcohol, will suddenly get a craving for it, they are restless, they must have a drink, they are nervous, peevish; a hypo of strychnine, administered twice daily tones up the nervous system, subdues the restlessness and the cravings, the desire for drink passes off and they are normal once more.

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In nocturnal incontinence atropine sulphate can be used in many cases with good results, providing you push the dose or till there is dilation of the pupils, or redness of the face and dryness in throat are produced. In many cases, there can be no question but that the incontinence is caused by congestion of the nerve center.

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The differentiation of an epileptic attack from other convulsions of early childhood is difficult. The separation from the great class of convulsions which arise from hyperirritability requires careful study. Epilepsy in infants is seen in the mildest forms. In some cases even loss of consciousness is absent at the onset. Mental disturbances are comparatively rare in infancy. There is, however, an extraordinary limitation of psychic development, which is designated according to its degree as imbecility or idiocy.

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Marked epilepsy is an interesting study. In this variety the patient passes through automatic acts instead of a convulsion, or a condition of double consciousness may exist in which the patient is lost



to himself for some time. This we term the ambulatory type of epilepsy.

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*Solanum carolinense* is useful in many cases of epilepsy in which there is no hereditary taint. A great many of the fluid extracts on the market are worthless as they are not made from the fresh berry of the horse nettle. There are only two makes on the market that can be relied upon to give the same uniform results. When using *solanum*, push the drug to the full physiological limit. In these cases when the circulation seems to have failed through vaso-contraction, *belladonna* should be used in the same time with the *solanum*. If you find indican in excess in the urine of epileptics, use intestinal antiseptics.

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Electricity is of great value in the treatment of neuralgia. The galvanic current can be applied by the Labile method. The anode over the affected nerve, the cathode on some different part of the body. The electrodes must be large ones and the sittings should be long. The high frequency currents give relief in many cases. The sinusoidal may be tried, but use it weak.

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That arsenic is not as infallible a remedy in chorea as has been proven many times by the fact that we are obliged to use other remedies to bring about a cure. Still in some cases we have seen splendid results from arsenic when used hypodermatically. Peripheral neuritis may follow as a consequence of arsenical treatment, and every case should be watched for its symptoms.

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The examination of any case of insomnia is not complete, unless you survey every tissue in the body, and obtain a history of the entire mental life of the individual. The importance of this is evident if you bear in mind that insomnia is a symptom of different forms of visceral disease.

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Insomnia is an early symptom of an approaching delirium tremens, and is prominent throughout this affection. In chronic alcoholism insomnia is often found without evidence of delirium.

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The prolonged hot bath has a distinctly sedative effect in cases of acute mania, and should be administered in everyone of these cases, if they are violently excited. I do not employ any chloral or bromides in this stage, as is the rule in many of the sanitariums. I administer *passiflora* with *conium* hourly and obtain good sleep. Do not give any opium as it is contraindicated in mania.

910 St. Johns Place, Brooklyn, N. Y.

## **Materia Medica and Therapeutics**

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to  
DR. J. W. FYFE, Saugatuck, Conn.

### **Studying a Drug.**

In studying the action of a remedy our first consideration should be as to whether it influences the life directly by its effect upon the body, or indirectly by the body's action upon the drug for its removal; or, in other words, whether the influence of the drug is an advantage to the life, or, acting as a toxic agent, a disadvantage.

The simple statement that "disease is a departure from health" is necessarily followed by the pathological question, in what direction is the "departure," and this by the therapeutic conclusion that a drug or method which, opposing such departure, brings the part or function to a healthy standard, or at least exerts an influence in that direction, is the remedial agent needed.

### **Cantharides.**

This agent, prepared from an insect known as the Spanish fly, constitutes a medicament of considerable usefulness. It should not, however, be employed during pregnancy, infancy or in the acute stages of inflammation. Cantharides has a special action on the bladder, and in wrongs of this organ characterized by burning, stinging pain and tenesmus its action is promptly beneficial. Several cases of this character have come under my professional care; one, a lady sixty years of age, suffered from burning pain and tenesmus in the lower part of the urethra. I added ten drops of the specific medicine to four ounces of water and directed her to take one teaspoonful of the mixture every hour. She was much relieved within a few hours, and the following day said she was free from pain. Cantharides acts upon the uterus as a stimulant, and is beneficial in some cases of amenorrhea, metritis and uterine leucorrhea. In chronic ovaritis when there is a burning sensation it is a good remedy, and when the menses are scanty, or the discharge is too dark, cantharides exerts a corrective influence. In obstinate cases of gleet it is deemed an efficient remedy, and in prostatorrhea it has usually given gratifying results. In nephritis it has been used with advantage. Cantharides is also employed in skin diseases characterized by a scaly condition with curative results.

Externally cantharides causes redness, vesication, suppuration or sloughing, according to the length of time it is allowed to remain in contact with the skin. In the form of the ordinary fly-blister it is sometimes of value as a counter-irritant, but practitioners of direct medication have very little use for such drug action. In small doses cantharides is diuretic and stimulant. In large doses its use is frequently attended by violent inflammation of the alimentary canal and the urinary organs, great difficulty in passing urine, irritation of the sexual organs and abortion. In very large doses it causes delirium, convulsions and coma.

The dose of the specific medicine cantharides should always be small, and in the opinion of this writer never larger than from 2 to 5 drops. The following affords ample variation to meet the needs of all cases in which the drug is likely to be indicated:  $\mathcal{R}$  Cantharides, grt. x to  $\mathfrak{z}$ i; water,  $\mathfrak{z}$ iv. Teaspoonful every hour to every three hours.

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#### Camphora Monobromata.

Monobromated camphor, a chemical occurring in white scales, constitutes an antispasmodic, sedative to the nervous system and a cardiac stimulant of frequent usefulness. In diseases manifesting mental excitement I have often found it an efficient means of securing restful sleep. In delirium tremens it is a valuable drug, and in whooping cough it exerts a modifying influence. Monobromated camphor is used with good effect in chorea and hysteria, and in paralysis agitans it has been employed with some benefit. In the difficult breathing associated with cardiac disease it exerts a relieving influence, and in asthma it may well constitute a part of a rational treatment. As a sexual sedative this agent is highly esteemed, and regarded as a medicament of great value in nymphomania, satyriasis and spermatorrhea. The gonorrheal patient who takes a medium dose of monobromated camphor at bedtime is not likely to be troubled with chordee.

The usual dose of this drug is from 1 to 4 grains every hour, but the total amount administered in 24 hours should not exceed 30 grains.

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#### Epigæa Repens.

This indigenous plant is commonly known as trailing arbutus, and from its leaves is prepared a diuretic of considerable usefulness. It also possesses tonic and astringent properties which have many times proved valuable. Epigæa constitutes a very efficient medicament in cases in which the precipitated solids of the urine have irritated the bladder and induced cystitis, with more or less thickening of the walls of this viscus. In cases in which the urine is dark and heavy, with irri-

tation, causing congestion of the kidneys, I employ epigæa—five drops of the specific medicine in about one ounce of very hot water every two or three hours—with the most gratifying results. In one case which came under my professional care, the man's urine contained a very large quantity of "brickdust," so large that these urates gave his urine a very unsightly appearance, and at times he suffered from severe backache. The backache was always associated with extreme nausea. He was directed to take ten drops of epigæa in two tablespoonfuls of hot water four times a day. Within four weeks his urine was free from deposits, and examination revealed the fact that it was normal in every respect. He had no more attacks of nauseating backache. In diseases of the kidneys and bladder epigæa appears to be most active when administered in about one ounce of hot water. One of my recent cases well illustrates the conditions most likely to be benefited by this agent. The patient, a man forty-five years of age, was anemic in appearance, and suffered severely from pains along the courses of the ureters. On examination a considerable tenderness was clearly manifested. There was also an uncomfortable feeling of soreness and aching along the urethra when he urinated. The man was directed to take five drops of specific epigæa in hot water four times a day. The drug was continued for two weeks, and resulted in removing all of his unpleasant symptoms.

Epigæa is especially useful in all abnormal states characterized by irritation and increased secretion of mucus in affections of the genito-urinary organs; purulent discharges from the urinary organs; backache associated with nausea; pains along the courses of the ureters, accompanied by a burning sensation in the bladder; irritation and more or less soreness along the urethra during urination.

The dose of specific medicine epigææ (or a good fluid extract) is from five to thirty drops, but in some cases it may be efficiently employed as follows: *R* Epigæa repens ʒij; water ʒiv. Teaspoonful every two to every four hours. Even when prescribed in this way, greater activity will be secured by directing the dose to be administered in hot water.—Dr. J. W. Fyfe, in the *Eclectic Medical Journal*.

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### The Price of Drugs and the War.

In pointing out the fact that purchasers of drugs will suffer largely as a result of the European war, the *Medical Times* in part says:

"Drugs chiefly affected in price so far are quinine, cod liver oil, hyoscyamus, salvarsan, morphin, opium, aconite, essential oils, ergot, phenol, glycerin, digitalis, buchu, physostigmin, camphor, pilocarpin, senna, rhubarb, cantharides, atropin, homatropin, asafetida, aloes, tartaric acid, strychnin, cocain, novocain and the other local anesthe-

tics, formaldehyd, caffen, theobromin, bichloride of mercury and the synthetic drugs. The United States is a small drug producer, hence is bound to suffer because of the interruption of trade caused by the war. The increased demand abroad for chloroform and ether will affect the prices of these drugs also. The war ought certainly to result in a tremendous stimulation to domestic drug production. A country which is so great a user of drugs ought not to depend to the extent it does upon foreign producers. While it is true that we are absolutely dependent upon Europe for certain drugs, this cannot be affirmed of all that we import. And probably for our absolute dependence in the case of some drugs it would be possible to substitute relative independence. As regards cinchona, why should we not transfer our trade directly to South America, instead of dealing with London and Amsterdam? There is enough digitalis growing wild in Oregon and Washington to supply the world."

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#### Salidago Cassia.

This plant is known as blue-stemmed golden rod and rattlesnake's master. Its action is similar to the echinacea, only it gets there first, as old General Forrest used to say. The action of the salidago is almost instantaneous, while the action of the echinacea is rather slow. I have seen the rattlesnake's master used, on both man and beast, scores of times, and without a single failure. It simply acts like magic. I also use it in case of stings of poisonous insects and spider bites, etc. I also use it in all cases of blood poisoning, and in puerperal septicemia. I prepare my own tincture by macerating the fresh root in pure alcohol for fourteen days and then strain, press and filter. I give from five to ten drops of the tincture in water every ten minutes in snake bites and use the medicine half strength externally. Thus used, the swelling will go down in a few minutes.—Dr. J. P. Huff in *Ellingwood's Therapeutist*.

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### Society Meetings

#### National Eclectic Medical Association.

Advise all Eclectics and their families, that the Fair will take place at San Francisco in 1915. I think June will be the best month to come here, but state in your notices that every one who comes, will need a light overcoat in the San Francisco climate, especially at night, as the temperature ranges near 60 to 65 F.; no joke, plain fact.

Our Committee will look out for all who come, but I advise that you advertise the fact long before, and have all make arrangements in advance, so that we may have definite facts to work upon.



There will be no excessive rates allowed, and our Committee will do all we can to make every one happy, and give them real Californian welcome.

I hope, and feel certain, that you will co-operate with our Secretary in this matter fully, so that the Committee may work intelligently.

ALBERT J. ATKINS, M. D., *Chairman*,  
734 Pine St., San Francisco, Cala.

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**Eclectic Medical Society of the City and County of New York.**

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held at Van Glahn's Hotel, September 17, 1914, Dr. Alperin presiding. The attendance was exceptionally large considering the warm weather.

The minutes of the previous meeting were read and approved.

Dr. Nillson read a paper on Lactic Acid. In typhoid fever the doctor uses this remedy quite extensively, with very good results combining it with gelsemium or nux vomica. He finds that there is little delirium, or hemorrhage and that most of his patients make an uneventful recovery. In convulsions and in meningitis he combines it with gelsemium and rhus tox, and it seems especially useful in children suffering with pneumonia. In delirium tremens, the lactic acid with gelsemium and capsicum works like a charm, while absolutely no results were obtained in septicaemia.

Dr. Meyer has used lactic acid extensively in certain skin diseases, with good results, but cautioned the members against combining this remedy with some of the drugs on account of decomposition.

Upon motion a vote of thanks was extended to Dr. Nillson for his essay.

Dr. Graf then read a paper entitled "Modern Improvements in Electro-Therapeutics in the treatment of Obesity." He dwelt upon the etiology, symptoms and diagnosis of obesity, together with the treatment by means of the Bergonie-Nagelschmitt apparatus. An interesting discussion followed by Drs. Meyer, Harris, Pearlstien and T. D. Adlerman.

A unanimous vote of thanks was extended to Dr. Graf for his interesting paper.

A motion was made by John Birkenhauer, and seconded by H. Harris, that the County Society amend its constitution as follows: A new order of business under the heading, "Specific Medication Club Debate," be incorporated in the constitution and by-laws of this society. The financial secretary presented a bill for \$1.75 for stationery which upon motion was ordered paid.

The Society then adjourned.

A. S. Gombar, Secretary.

## Selections

### "The Fear of Being Great."

BY GEORGE L. SERVOS, M.D.

If you have not already read Bouck White's little essay, under the above title, in the February *Good Housekeeping*, by all means get a copy, even if you have to steal it, and do so. It is really one of the best little things that has been written for many years.

Not only should you read this, but you should apply it to yourself. "The fear of being great" is one thing which has interfered with progression and revolution in the ranks of medicine. The average doctor has an inherent fear that, should he do anything of a revolutionary character, criticism will follow in the wake of his words or actions.

"The fear of being great" has, and is, taking away many of the doctor's rights. Time out of mind, our forefathers in medicine treated their patients as they saw fit. To-day we are told that we shall do as those who have assumed authority shall dictate, and through the "fear of being great," we sit idly by and accept such dictation without a murmur to the contrary. We seem to be fearful that we will be criticized if we make endeavor to either retain or uphold our rights.

Our fathers in medicine, for some reason or another, seemed to get results from certain remedies which are now, according to the authorities, tabooed. They are such because of the fact that laboratory workers have been unable to prove that they have any action when applied to persons or animals of normal condition, but not because of the fact that they have failed when applied to the sick humans. "The fear of being great" has made us accept, as the truth, assertions of the above nature, even though we may have known, within our own mind, that such agents were not wholly worthless.

Some of the fearless have told us that medicines, practically as a whole, are worthless, especially when employed in the treatment of acute infections. Through "the fear of being great," we have many of us accepted such teaching without questions, and to the detriment of our patients, many of whom have died for the probable lack of proper treatment. Likewise, through "the fear of being great," many of us have failed to report cases in which the taboo list seemed to have given good results in our hands.

The compounder of medicines, the pharmacist, has recognized this fear on the part of the doctor and is now making an endeavor to make it criminal for the latter to do any dispensing of drugs, whatsoever. The pharmacist has told the doctor that he knows so little of drugs and their mixtures as to be unable to even write a proper prescription,

much less to do any dispensing. Through "the fear of being great" the doctor has sat back and let the pharmacist legislate him out of this inherent right to treat his patients as he sees fit.

As Bouck White says, the man who becomes great will "pay the price," but even that is worth while and one can afford to take the knocks and kicks, both of his brothers and others, if he accomplishes his ends. A few men have insisted that drugs should be employed in the treatment of the sick, and how they have been knocked and kicked about for the past decade or two! However, these few have seen a revolution take place in applied therapeutics, and while they may not have become great, in the fullest acceptance of the term, they have at least removed some of the supposedly great from their pedestals, or made them accept the ideas offered.

More than a quarter century ago a man like Charcot made the assertion that not less than 95 per cent. of all diseases had their origin in an unclean bowel. Now Charcot was great, and likewise fearless. Because of this assertion he was knocked and kicked from pillar to post. This assertion met with only ridicule to a very great extent. It was thought folly to even assert that the bowel could be rendered clean. The idea that the many feet of intestines could be made aseptic, or nearly so, was out of the question. Following Charcot, a few other fearless ones had sufficient "nerve" to insist that this *great* old man was right. Still the idea met with ridicule. To-day, however, the results of the revolution are to be seen on every hand, and it is an accepted fact that it is possible to render the bowel comparatively aseptic; sufficiently so, at least, to bring about better conditions generally. Had there been none of the fear suggested by Bouck White every doctor on the globe would have accepted the ideas of Charcot at the time they were advanced and humanity would have profited therefrom much sooner.

Some one, probably one of those who had not studied his therapeutics carefully, suggested that all acute infections were "self limited," and that no drug or other agents would be of avail in their treatment. Now there were a good many of us who knew the contrary to be a fact, but through "fear of being great," we had not sufficient will of our own to assert ourselves in the matter. We were afraid we would be found fault with by those accepted as authorities. However, there were a few who were fearless, and although having no desire to be great, took it upon themselves to make known results obtained through the drug, rather than "expectant," method of treatment. These few, as usually, were ridiculed, but they did not retreat a single step, but kept on insisting that much could be done with drugs, properly applied. What has been the result? Not only have those who ridiculed the idea of drug worth, but the public as well, are now insisting that more agents of this sort should be employed. A few years ago we were

told that all cases of pneumonia were "self limited," and that the best the doctor could do, under the circumstances, was to sit by and watch the progress of the disease. A decade or so ago a few who did not possess "the fear of being great" concluded that the pneumonia patient was entitled to more than observation. These few men forgot the disease as a whole but rather gave consideration to the indications presenting and directed their drugs, or other agents, to the relief of existing conditions. They endeavored, in all cases, to relieve the existing congestion through the use of aconitine or veratrine, and such other remedies as might be indicated to correct other abnormalities. If the many reports are to be accepted as truthful, these and many other doctors were successful in aborting the disease in numerous instances. Did these men escape the ridicule of their less fearless brothers? Not by any manner of means, and even to-day we see some of them laughed at and scorned for even the suggestion that this disease may be shortened in course, or that its force may be lessened.

It is far easier to remain quiet and remain one of the lesser legion than to assert one's self and enter the ranks of the possibly great. If one remains quiet there can be no question of his ideas, in that he has expressed none. But is one justified in invariably keeping his mouth shut? Is this especially true of the doctor? Is not the doctor beholden to humanity to such an extent that he should under all circumstances, make known his success, as well as his failures, in that all may profit thereby? Is there any reason why any doctor, be he of the city or country, should not be great? Is not the country doctor in a position to make observations equally as valuable as those of his urban brother?

It has been said that the city doctor has more clinical material at hand than has the man of the country. It is true that there are more people congregated within the narrow bounds of the cities than in the country, and it is true that the average city doctor takes advantage of the numerous clinics existing close at hand? Does the average city doctor treat more patients than does the average country man? Does the city man report any more cases, on an average, than he of the country? Is the average city doctor any more fearless than the average country doctor? No! If we take the metropolitan profession, as a whole, we invariably find that a very small percentage are connected with the medical schools, and it is this few who are, as a rule, in the fearless class. The balance of the city men bow down to these few and accept their ideas as final, and that regardless of the fact that the latter may have been in error time and again.

If we would have that which is justly ours; if we would practice medicine as we see fit, either through dispensing or prescribing; if we would be doctors in the truest sense of the word, the time has arrived when we should ignore "the fear of being great" and put forth every



effort to *be great*. Everyone of us should make this effort. Let us take the knocks and kicks for the time being. If we are right in our assertions, time will justify us in making them. Let us not be a parcel of cowards, but fearless men, every one of us. Fearlessness will add to the dignity of the profession and the doctor will again occupy the position of greatness which was formerly his. If you know something which you feel other doctors do not, tell us, and that regardless of the fact that your assertions may be questioned by the so-called authorities. Cast aside any inherent fear and assert yourself.—*The Medical Summary*.

Gardnerville, Nevada.

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#### A Much-Needed Innovation.

So many accidents have occurred through mistaking mercury bichloride tablets for those intended for headaches, insomnia, indigestion, etc., that the necessity for some distinctive feature in shape, color or other means be adopted by manufacturers that may effectually remedy the evil. Numerous devices, including shape, color and style of container have been tried, with only partial success; for, more often than otherwise, the corrosive sublimate tablets have been hurriedly taken at night from the medicine chest or shelf, from containers closely resembling other practically harmless ones with such self-assurances of security, while in order not to disturb others, and without light to confirm the identity of the tablet, deplorable accidents have been all too frequent. Under such circumstances in the hurry of the moment, color counts for nothing, while shape of tablet or container alone is practically negligible.

Recently an ingenious device has been worked out by Messrs. Sharp & Dohme whereby these highly poisonous mercury bichloride tablets are THREADED: attached to one another by a thread; the thread to be cut in order to secure a tablet for use. This procedure necessarily calls for light and cutting the thread, thus centering the mind upon the act. No other tablet than the mercury bichloride will be thus marketed *threaded*. This unique feature, together with a clover shape, and distinctive color of the tablet, blue; the trefoil (or clover) shape with the word poison plainly stamped on each, and the peculiar shape of the bottle container which will rivet the attention of the person immediately upon taking it in the hand, will, it is confidently believed, entirely obviate the possibility of accidents.

The Threaded Mercury Bichloride Tablets are made only in one color, blue, and offered in containers of twenty-five tablets each. They will not be supplied in bulk. Physicians should, therefore, prescribe them in the original containers.



**Items**

Died, September 18th, Pitts Edwin Howes, M. D., of Boston, Mass.

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On Tuesday evening, September 29th, at the Hof Brau Haus, 588 Fulton St., the Brooklyn Eclectics entertained Dr. William N. Mundy, of Forest, Ohio, editor of the *National Quarterly*.

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The celebrated Doctor Frank Webb, of Connecticut, was also present.

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Prof. Charles Lloyd also read a paper at this meeting entitled, *Fraxinus Alba Americana*.

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**Cod Liver Oil as a Nutrient.**

In passing judgment on cod liver oil, it should be remembered that it is a food agent, and not a drug. If this is done, the value of this nutrient will be much better appreciated. Since cod liver oil is an agent that must be given over long periods of time, it is very essential that a palatable product be chosen, otherwise the gastric apparatus will be disturbed. Cord. Ext. Ol. Morrhuae Comp. (Hagee) is a very valuable preparation of cod liver and is in wide use among the medical profession. Containing as it does, all the active principles of the oil its effectiveness is in no wise diminished by reason of the process it has gone through, on the contrary, its very palatability has added to its therapeutic value by making it possible to give it under the most trying circumstances, and contributing to its ease of assimilation. Cord. Ext. Ol. Morrhuae Comp. (Hagee) will be found of high worth in states of under nourishment.

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A most interesting course of lectures and demonstrations upon Spondylotherapy was that delivered by Dr. Albert Abrams, of San Francisco, at the Park Avenue Hotel, the week of October 5-10.

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Dr. Maurice A. Sturm has opened a fine suite of offices at 237 West 74th Street.

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We have just received the beautifully illustrated booklet of Dr Brunor's Sanatorium, which is located at Edgecomb Ave. and 137th St. When in the neighborhood pay the doctor a visit.

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*Book Reviews* have been crowded from this issue.

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# THE ECLECTIC REVIEW

GEORGE W. BOSKOWITZ, M. D., Editor.

JOHN W. FYFE, M. D., Associate Editor.

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## Hints and Winnowings.

**Diseases of early life**, as pointed out by Dr. Louis Dublin, statistician of the Metropolitan Life Insurance Company, should receive careful attention and prompt treatment, not only on account of the welfare of the children while young, but also as a means of lessening the mortality of middle age. Greater emphasis should be placed on the municipal control of the communicable diseases of early life in order to reduce the instances of heart and kidney impairments which often result therefrom. We must encourage the movements directed against the spread of venereal diseases as well as the intemperate use of alcoholic beverages. We must further all efforts for the improvement of adequate labor legislation and promote a better understanding between employers and employees. This program will include the improvement of factory sanitation, the medical examination of employees, and the instruction of both employers and employees in industrial hygiene. It will be necessary to supplement labor legislation with the careful examination of death certificates to see that in every instance those who are responsible for preventable deaths are properly prosecuted. Finally, we must heartily encourage the movement for public education on all topics connected with personal hygiene that there may be better co-operation between physicians and their patients and that there may be no unnecessary losses through neglect of symptoms pointing to serious organic diseases.

**The Symptoms of Pellagra**—a disease that manifests itself by symmetric skin lesions, disturbances of digestion and wrongs of the nervous system—are concisely given in an article written by Dr. B. O. Edwards, of Landis, N. C., and published in a recent issue of the *Medical World*. In part, Dr. Edwards says:

"The skin manifestations form the most important symptom in the diagnosis of this disease. There is usually a pronounced symmetric

erythema on the back of the hands, forearms, feet, lower third of leg, and back of the neck. These parts are more frequently involved, but it also sometimes appears on other parts of the body. I have seen several patients whose hands and feet looked as if they had been severely sunburnt, or held in hot water for a minute, and showed a line of demarcation similar to that seen in erysipelas, which usually scale off later under treatment. The eruption in pellagra is more important than the eruption in syphilis, as a diagnostic point. The exposed parts of the body are affected fifty times more frequently than the unexposed.

"Eruption in the mild cases disappears in the fall to return in the spring, usually about March. This is a feverless disease unless there be some complicating disease. One of the first indications of pellagra is a disturbance of the gastro-intestinal tract. These vary from a mild stomatitis to a great soreness of the mucous membrane of the mouth and tongue, with all grades of inflammation, which sometimes resembles scurvy so much that it has been taken for that disease. There is also quite frequently a very severe and intractable diarrhea that is not relieved by opium and the other diarrhea remedies. The course of the diarrhea is very protracted, and is only affected by systematic treatment for the pellagra, and improves as the patient improves.

"There are often pronounced nervous symptoms, which vary from a slight melancholy to a complete dementia. Pellagra is easy to diagnose if it is a typical case with symmetric erythema of the exposed parts of the body, especially the backs of the hands, back and sides of the neck or face, and less frequently of the feet and lower legs, the stomatitis with a diarrhea of a varying degree and with the nervous depression or more severe psychic disturbance if the disease is of an advanced type."

**A Psalm for Doctors**, suggested by a writer in the *Long Island Medical Journal*, furnishes much food for thought, as well as texts for numerous appropriate and exceedingly useful sermons. The Long Island editor's psalm is as follows:

"The teacher of false ethics is our master; we know only want.

"He maketh us serve the dispensary gratis; he leadeth us likewise into other fields of free service.

"He thinketh not of our interests; he leadeth us in paths of sacrifice for his vanity's sake.

"Yea, though we ask for the economic products of our labor, we receive only titles; for thou art with us; thy retainers they impress and flatter us.

"Thou preparest a dinner before us in the presence of said retainers; we are crowned as altruists; but the cost of living proceedeth apace.



"Surely hardship and hypocrisy shall follow us all the days of our lives, if we continue to give something for nothing forever."

An elderly Eclectic, with whom I recently had a conversation in regard to the membership of our National and State societies, said that as he was too old to take an active part in medical societies, he did not think it necessary for him to join them. This seems to be the opinion of many old men, but it is not a wise one. When men reach old age their muscles lose their elasticity and their joints fail to readily respond to the demands made upon them. To such men reaching early trains and traveling many miles to attend medical meetings is a difficult task. This, however, does not constitute a justifiable excuse for withholding their earnest support from the organizations which give them respectable medical standing in the communities in which they obtain their livelihood. There are few circumstances under which we can excuse ourselves for not being members of our National and State societies, even though we are unable to take part in their deliberations.

Leg Pains, it is well to remember, may suggest either rheumatism, syphilis, periostitis, tubercular bone or varicose veins. When unilateral below the knee and non-inflammatory they are sometimes premonitory of apoplexy.

FYFE.

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## Original Articles

### Croup.

BY CHARLES WOODWARD, M.D.

There are few diseases which cause a greater mortality of children than croup. To describe this disease so that it may be understood it should be classified as spasmodic, inflammatory, and infectious reflex croup. The first and latter forms are always complicated with irritation and reflex contractions, while the second form may or may not involve reflex action.

The medical profession, in a few years, must recognize irritation and reflex contractions as the etiology and effect of most diseases. The cause of an attack of spasmodic croup may be concealed, but it always results from central or peripheral irritation, or both, which causes reflex spasm of the larynx. A cold contracted two or three days previous to the attack closes the excretions and obstructs digestion, which results in central and peripheral irritation and reflex contractions. The treatment should consist of relaxants, diaphoretics and germicides, with cloths, wrung out in a hot solution of Epsom salts, applied every five minutes to the throat. An enema should be given to



control central irritation, and an injection of "Subcutloyd Lobelia" will overcome the spasm of the larynx and restore secretion.

The inflammatory or catarrhal croup may result from the extension of inflammation from the pharynx or from a severe cold, and may or may not involve reflex contractions. When accompanied with fever, place 15 tablets of Ferr. Phos. 3X in half a glass of water and give one teaspoonful every half-hour, alternated with Fl. Ext. or Specific Aconite, Gtt. I to Gtt. V; alcohol 5ss, in half a glass of water; give teaspoonful every half hour. Cold compresses, well wrapped, produce relaxation and local diaphoresis, but cloths wrung out in a hot solution of Epsom salts and applied every three to five minutes bring permanent relief.

Pseudo-membraneous, or infectious reflex croup is the form which so often results fatally. It has always been a mystery why the false or plastic membrane is easily dislodged from the larynx in some cases and unremovable in others. Taking irritation as cause and reflex contraction as effect, in connection with electrical experiments, it has proved that the reflex contraction had caused paralysis of the arytaenoides nerve and muscles, which inhibits local absorption.

It should be remembered, whenever indicated remedies fail to produce therapeutic effects, that absorption is suspended by local paralysis. These cases will end fatally unless a very mild current of electricity is applied, with the anode to the nape of the neck and the cathode to the larynx for from one to two and a half hours. This overcomes nerve impingement and paralysis by relaxing the arytaenoides muscles and restores local absorption that is beyond therapeutical effect. As a dernier resort electricity is more efficacious than laryngotomy or intubation for controlling irritation, reflex paralysis and absorbing the pseudo-membraneous exudation.

This disease proves fatal even when not complicated with paralysis, if not quickly controlled by a well-adapted treatment.

Dr. C. W. Rodecker, of Wisconsin, presented the medical profession in 1891 with a treatment which proved very successful, after he had lost three children who were treated with authoritative methods. We found, when applying the Rodecker treatment, that usually all danger of a fatal issue was overcome in from ten to fourteen hours. We quote from Dr. Rodecker the following:

"When called to a case of croup of whatever variety, if fever is present, I prescribe Fl. Ext. or Specific Aconite; it not only controls the fever, but assists the action of other remedies, which I shall immediately name. For the cure of the disease, however, I depend upon the Balsam of Copaiba. I thought if I could get a remedy that would relieve the irritation, relax the parts and assist in the destruction of the membrane, I must be successful. I decided to use the balsam, and I

must say that no other remedy that I have used has given so satisfactory results as this. The remedy is an easy emetic, a good diuretic, and in large doses a cathartic; all of which effects are essential in the treatment of croup.

"I begin by the administration of fifteen drops of balsam on sugar every half hour, and gradually increase the dose until its characteristic effects are produced, as relaxation, vomiting, diuresis and catharsis. The first attack of vomiting will frequently dislodge the plastic membrane, showing great relief. Anyone who will administer this remedy, and persist in its use, will obtain satisfactory results."

Whenever reflex contractions have not paralyzed the aryaenoideus nerve and muscles, the most important features are retention and infection. The frequent bathing with a hot solution of chloride of ammonia will overcome retention, and the administration of a germicide, as: Bichromate of potassium Gr. 1; aqua  $\mathfrak{V}$ IV; M. Sig.: One teaspoonful every fifteen minutes, or until relief, then further apart. Some cases yield quickly to two or three of Abbott's calcidin tablets in hot water (or on the tongue and washed down with hot water) every 10 minutes until relief, then in smaller doses.

Chicago, Ill.

**Fraxinus Acuminata Lamark—Fraxinus Alba Americana Linnaeus.**

BY CHARLES LLOYD, M.D.

Synonyms—American Ash, White Ash.

Natural Order—Oleaceae, Sexual System—Dioecia Diandria.

Locality—Chiefly grows in the Northern States and Canada, in rich woods, low lands, and the banks of rivers. That which grows in Pennsylvania varies from those growing in other sections of the country, and is preferable for its medicinal properties. This is a large forest tree, which grows from fifty to eighty feet high; it often rises more than forty feet without a branch, and then expands into a regular summit of an equal additional height. Trunk covered with a gray, furrowed and cracked bark, branchlets a smooth greenish gray. Leaves a foot or more in length, opposite, pinnate, consisting of about seven leaflets, which are petiote, oblong, shining acuminate, entire or slightly toothed, glaucous beneath. Flowers whitish-green, disposed in loose panicles, fertile ones with a calyx, barren ones without. Corolla wanting, calyx small, four-cleft: buds of a rust color. Samara spatulate-linear, obtuse, with a long narrowed base. It blossoms in April and May. Its wood is light, elastic and durable, furnishing a most excellent timber for carriage frames and agricultural implements, etc. Wood and Gray. There are several species of the ash tree, all of which possess medi-

cinal virtues and are thought to be of similar character, but little is definitely known of them. The *Fraxinus Sambucifolia*, Black Ash, has tonic and astringent properties, used in diseases of the skin. The *Fraxinus Polgyamie*, common ash, "King" has its leaves used in infusion in gout and rheumatism. *Fraxinus Quadrangulata* and Blue Ash stimulates excretion. *Fraxinus Excelsior*, European Ash, is also used in gout and rheumatism, and intermittent fevers.

The parts of the White Ash tree used, according to the following authorities, are the bark, "American Dispensary, Ed. 1854 and 1895." "Scudder's Specific Medicine," all his editions, say, "The recent bark." "Fyfe's Materia Medica," "The Bark;" "Ellingwood's Materia Medica," "The Bark;" "Merrell's Digest of Materia Medica" says, "The Bark of the Recent Root;" "Hollembek's Materia Medica" says "Bark and Seeds;" "Dr. C. P. Turner," of Philadelphia, says, "The Inner Bark of the Fresh Root;" "John Wyeth," Ph.D., "Inner Bark of the Fresh Root." Five of these quoted recommend the bark only. One, the recent bark (Scudder); one, the bark of the recent root (Merrell), and one, the seeds (Hollembek). Two recommend the inner bark of the fresh root (Turner and Wyeth). These last two are prepared in wine. The fluid extracts and tinctures with alcohol. Constituents—The bark contains a resin and a small quantity of volatil oil, tannin, and a bitter alkaloid, in small quantities (Ellingwood). The books say that its properties are tonic, astringent and cathartic.

The preparations are infusions, tinctures, fluid extracts, normal tinctures, specific medicines, homoeopathic mother tinctures, ointment and wine. The wine of American ash was formally introduced to the medical profession by Dr. Charles P. Turner, of Philadelphia, in an elaborate paper read by him July 19, 1881, at a meeting of the Northern Medical Association, held in Dispensary Hall, in Philadelphia. Dr. Turner had for several years previously employed it in his private practice, and the therapeutic results obtained in nearly every case treated by him, and in many he had seen in consultation with brother practitioners, were truly surprising. Impressed by its virtues and peculiar influence, as well as by its specific action, he concluded to bring it to the attention of medical men generally as a remedy entitled to their earnest consideration.

In his exhaustive paper, as noted, he entered fully, not only into the theory of its action, but cited actual cases through testimonials, that clearly demonstrated how practical results had confirmed the reasoning that first prompted him to experiment with a large number of patients suffering from every form of uterine disease. The doctor says, "It is invaluable in the treatment of the great class of uterine affections, viz., Prolapsus, Versions, Men-

strual Irregularities, Inflammation, Leucorrhoea, etc., depending upon chronic enlargement for their basis. In presenting so important a contribution to our *Materia Medica* its gynecological connections should be briefly traced. Enlargement depends upon the fact that the uterus is composed essentially of erectile tissue. In health, periodical enlargement and contraction are going on in harmony with the physiological laws of evolution. Immediately preceding the menstrual period, the size of the uterus becomes markedly increased. If at this crisis deliverance from hyperoemia be interfered with by any malign influence, such as climatic changes, cold bathing, exposure to cold, or some latent constitutional disorder, the shock falls upon the vaso motor nerve system, and its enfeebled condition tends to arrest the circulation, and to create vascular engorgement. The first stage of chronic enlargement, with its subsequent pathological changes, is thus set up. Without going any further into the etiology of our subject, it suffices to state that enlargement being now a fixed factor, the element of mechanical pressure in its turn impairs the neurotic force essential to contract muscular fibre, or stimulate the absorbents and capillary systems. It is just here that the *vinum Fraxini Americanae* exerts its specific influence. Unlike ergot, which expends its contractile force energetically and spasmodically, it exerts a gentle but persistent tonic impression upon the benumbed nerve system; the absorbents respond to the new vitalizing influence, and the uterus returns gradually to its normal size and condition. Rapid cures must not be expected. While relief and marked benefit may be gained in two or three weeks, it may be as many months before absolute freedom from suffering will result, as the time of cure naturally depends upon the extent and character of the trouble."

The active medicinal principle of the plant from which the wine is prepared appears to exist solely in the inner bark of the root, associated with an acrid resin-like substance from which it is essential to free it. As the virtue of the drug depends in a great measure on the time it is collected, it is important that the bark of the root should be gathered at the proper season from vigorous young trees that contain its active medicinal principle in its greatest quantity and activity. The wine should be of a rich red-brown color, free from turbidity or sediment; its odor is fragrant, and its taste characteristic and agreeable. The dose is a teaspoonful, taken three times a day, before meals, and is usually administered uncombined. It is advisable to give this drug to patients after parturition where there is slow involution.

The Eclectic physicians who have mentioned this remedy since its introduction by Dr. Turner, are Dr. E. Townsend Jones and Dr. W. E. Boyer, in the *Medical Gleaner*, September, 1899.



Dr. Neiderkorn, in the Medical Gleaner, August, 1904; Dr. Geo. R. Shafer, of Morton, Ill., January, 1905; Ellingwood's *Materia Medica* quotes Dr. Shafer in his use of the drug. He gives the specific symptomatology, "Uterine disease, depending upon sub-involution, dragging pains in the lower abdomen, great weight, irregular lochial or menstrual discharge, general plethora, constant headaches, with soreness and pain in the top of the head, etc."

These physicians used Specific Medicine Fraxinus. Some failed to obtain the results anticipated, but do not tell why. Further experience with the different preparations may determine which is most suitable to the case in hand.

Fyfe's *Materia Medica* says, "The fluid extract is indicated in general debility and cachetic conditions: dropsical conditions, enlargement of the spleen, constipation and atonic dyspepsia, etc."

Dose of the fluid extract 30 drops to 4 drachms, frequency not mentioned. Ellingwood's *Materia Medica* quotes largely of Dr. Shafer's use of the Specific Medicine Fraxinus and gives the dose as "ten to sixty drops." "The Homeopathic mother tincture," he says "the dose is the same." How often repeated is not stated. He further states that "prior to its use in uterine diseases it had found a place in the treatment of diseases of the liver or spleen, dropsy and constipation."

Brooklyn, N. Y.

### Origin, Need and Use of the Enemata and Hot Water as a Remedial Agent.

BY ALCINOUS B. JAMISON, M.D.

(Third Paper)

The enema apparatus may be justly named the queen of the hygienic world, as it has reigned without a rival for four centuries over the whole European continent, besides Brazil and North America. The practice of the enema came into use soon after the invention of the apparatus itself. Bauvard, physician to Louis XIII., applied two hundred and twenty enemata to that monarch in the course of six months. In the early years of the reign of Louis XIV., it became the fashion of the period. Ladies took three or four a day to keep their complexions fresh, and the dandies used as many to produce a white skin. Enemata were aromatized with orange, angelica, bergamont and rose perfumes, and Mr. Kernot exclaims enthusiastically: "*O se tornasse questa mode!*" (Oh, that this fashion would return!) The medical profession at first hailed the invention with delight, but soon found its application *infra dig*, and handed it over to the pharmacist. But in-



vectives, sarcasm, and epigrams hurled at those who exercised the humble duty of applying the apparatus made them at last resign it to barbers and hospital attendants.

A London coroner exalts dentistry above libraries. I prefer to exalt the *enemata* above the usual stomach and intestinal medication, dentistry and libraries. Which is of more importance to man—prehension or elimination?

A despatch under date of January 10, 1914, says: "At an inquest held in London this week on a man who possessed only two teeth and died because he was unable to digest his food properly, the coroner suggested that millionaire philanthropists might do greater service to humanity if they provided the poor with artificial teeth instead of giving money for free libraries and universities."

Dr. L. R. Westmiller thinks "Heaven is reached by Fletcherizing;" that is, making a juice or gravy bottle of man's stomach. Bodily and gastro-intestinal hygiene is heaven on earth. Deweyism, Fletcherism, Salburyism, raw foodism, short-circuitism, catharticism, etc., are mere makeshifts, as a rule, for lack of fecal elimination. The teeth are only an extension of the gastro-intestinal canal, and, like the stem, leaf and fruit of a plant, will decay if not properly nourished. The teeth are to cut and crush the food, that it may be swallowed with ease and enter a muscular receptacle, the stomach, whence in due time it is passed into the duodenum, a muscular organ in which the process of digestion takes place.

The rapid eating of good food is not harmful; but the too frequent mixing and undue retention of it—as shown by a coated tongue, a foul stomach and fouler intestines—as the sufferer continues to eat too much and again too little, as matters go from bad to worse, are the prolific source of trouble.

The primal duty of every man is to keep the gastro-intestinal apparatus clean and useful. The old, old question, "How much and what shall I eat?" will then receive small attention; for one may eat almost anything. It will not be a question as to what one can eat, but rather as to what one cannot eat.

We have briefly considered the origin, need, and use of the enema. But I believe I was the first to point out a definite *cause* for its use, by making plain the severe pathological conditions which accompany chronic proctitis, sigmoiditis and colitis, and which had been entirely neglected by our surgical and ambulant proctologists. The imperative need of the enema was very patent to my mind, but its therapeutic use was not far-reaching enough to meet all the pathological difficulties presented by the above chronic conditions; therefore, I devised means (Fig. 1) properly to apply hot water at a temperature of from 120 to 150 degrees for its depurant and antiflogistic effects on the diseased

tissues. My invention was practical and useful, and in every respect fulfilled the purpose for which it was designed; and the results from the proper use of the hot-water recurrent douche treatment were very effective and marvelous in curative results.

"The Internal Fountain Bath for Home Treatment" (Fig. 1) should be partly filled with water as hot as the home supply will afford, and conveniently placed near a toilet basin, in order that while sitting on the toilet seat the handle of the instrument (21) will project outward from the bowl of the basin between the limbs, where it can be conveniently manipulated. The alcohol lamp (20) may be used to increase the heat of the water to any desired degree during the hour or more devoted to the treatment. A thermometer is very essential to determine the temperature of the water. Attach either of the two recurrent douche points (25 or 26) to the anal cone, and while squatting in front of the toilet seat, and with the aid of a lubricant, insert the point into the rectum; then rise, holding the instrument in position until seated on the toilet; turn the valve in the anal cone (29) by catching the handle where the glass bottle (24) is attached and turn it half way round; then open the shut-off and allow a little water to flow into the toilet basin to free the instrument of air; then close the valve to let the water enter the rectum. The recurrent douche point (25) requires the aid of a plug to insert it in the rectum, after which it is withdrawn.

If possible, begin the hot-water treatment at a temperature of 120 degrees or more, and gradually increase it with the aid of the lamp to at least 135 degrees during the treatment, which should not be of less than one hour's duration if practicable. In applying the hot water it is well to inject an ounce or two into the rectum about every minute, until a sense of fulness or desire to expel it arises; then turn the valve and it will escape through the anal point into the toilet basin. Close the valve at once and repeat the inflow of hot water as before, all the while being careful not to create any physical annoyance, which can easily be avoided by a little thoughtful attention.

It will require the experience of a week or two skilfully to manage the hot-water application by those not dexterous in the matter of personal attentions. Those who find it convenient may apply hot-water treatment twice in twenty-four hours or oftener, and those employed during the day may apply it at night before retiring. Before beginning the hot-water treatment it is well to take an enema, to free the bowels of feces, gases, etc. In some cases the enema may be omitted before the hot-water application, as the recurrent anal points are of sufficient size to allow the easy exit of any material and cannot become plugged, as the inflow and outflow of the water will keep the points free from obstruction. At my sugges-

tion, some patients have found it convenient to attach the rubber tube connected with the recurrent douche handle to a hot-water faucet, and thus managed the treatment without difficulty.

Only a proctologist who has given many years' attention to chronic proctitis, sigmoiditis and colitis can comprehend the severity of the pathological and structural changes in the tissues of the organs involved, as well as in their supporting and neighboring tissues of the pelvic space, and anal region and the buttocks. However chronically the lower bowels may be diseased, they are forced by some makeshift to let the excrement pass down and out the anal vent, regardless of the harm done to the affected region. This is due to the upright position of the lower bowel—a thin tube inflamed from infancy, with no attention given to it except harmful drug meddling by way of the mouth, until the victim can endure the symptoms no longer, whatever the age may be. But with the long neglect, the frequent abuse of the constantly engorged and inflamed tissues, which have become brittle, ulcerated, and strictured, discharging blood, pus, mucus, etc., we have one remedy that is efficacious, and in its therapeutic effects, like the enemata, does no harm, but is marked by marvelous healing results, bringing hope and joy into the life of the sufferer whose case has been variously diagnosed as hypochondriac, neurasthenic, anemic, torpid liver, etc. All suffer from chronic auto-intoxication since the inflammation of the bowels began, which is indicated by a coated tongue and many other symptoms too numerous to mention.

One who suffers more or less consciously from pains caused by the local disease—fecal, bacterial, mucus and gaseous self-poisoning, resulting in contraction of all the tissues of the organism, as indicated by irregular circulation and a sense of uneasiness throughout the body—is in need of relaxation through rest, sleep, equalized circulation, and stimulated activity of all the excretory organs. These may be obtained through the repeated use of my internal Turkish and Russian bath, for an hour or more at a time. It has the effect of relaxing the diseased tissues of the lower bowels, relieving the engorged arteries and veins until the tissues become blanched from the local action of the very hot water.

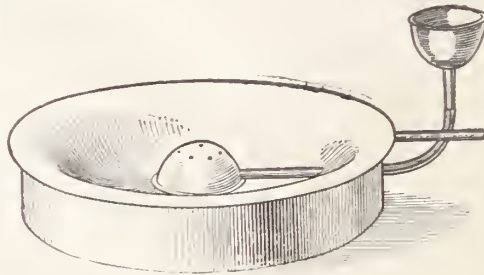
I do not know of a remedy that has such far-reaching beneficial results, locally and systemically, as the proper use of water at a temperature of from 120 to 135 or more degrees. It is (1) restful to body and mind; (2) it excites perspiration and helps elimination; (3) it equalizes the circulation; (4) it has a wonderful depurant and antiflogistic effect; (5) it may be omitted for a time and resumed without harm; and (6) continuous good results follow its use until a cure is effected. The use of the very hot water is a marvelous

help, but there are other very essential aids: (1) a proper diagnosis; (2) skilful local treatment; (3) soothing local medication; (4) proper use of the enemata; and (5) a patient that desires to get well and will follow directions.

Those who apprehend direful results from the use of the enemata will fancy that I am reckless in advising a generous use of hot water also; but it has never occurred to my mind that water properly used on the mucous membrane, which is only the skin turned inward to line a passage-way for food, digestion, nutrition and elimination, could ever be harmful. My clinical experience of over thirty years in the use of the enemata and hot water has only tended to confirm the wisdom of their adoption; in fact, I consider proctitis, sigmoiditis and colitis incurable without the aid of water as a depurant and antiflogistic element. My patients appreciate the local results of the water on the diseased region, and undoubtedly enjoy the bodily rest, quiet and relaxation that follow its use.

#### Shallow Sitz-Bath Pan.

Early in my practice I also devised an apparatus for the external application of very hot water to the inflamed and painful conditions around the anus and buttocks. The following illustration will give a good idea of its adaptability and use:



SHALLOW SITZ-BATH PAN.

This device can be placed on a box ten or twelve inches square near a hot-water faucet or a water-heating appliance. Sit on the central cone and add water to the pan through the funnel. When the pan is full of water, any excess will escape through the overflow pipe into a catch basin. Keep adding very hot water every few minutes, as the tissues become accustomed to it, during the hour or two of the treatment. The bath may be repeated very frequently if the case demands it. The hot water relieves pain, congestion and inflammation, and in due time the painful symptoms disappear, and the cause of all the local trouble may be treated with ease and comfort to the patient.



## Items from the Field of Neurology.

BY THEODORE ADLERMAN, A.B., M.D.

Little's disease is not so uncommon as some may think. It occurs in the proportion of 4 to 100 cases of deformity. Paef calculates that among every one hundred hospital children, there is at least one with this disease. The affection is equally common among boys and girls. It is not always recognized at birth, attention being first drawn to it when the child begins to walk—and it is then that we see the case. The lower extremities are implicated in most cases to the same extent, the legs being rotated inward and adducted, so that they are sometimes crossed.

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In tuberculous meningitis there is always pain over the cervical vertebrae, and it is induced by pressure. The younger the child the earlier this symptom appears.

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Enteric fever will sometimes present many of the symptoms of meningitis, now and then combined with aphasia and unilateral paralysis. If it is doubtful whether you are dealing with enteric fever or meningitis, an examination of the blood for the Widal reaction and lumbar puncture will decide the question for you.

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Those of our friends, who advocate the use of chloral in chorea, seem to overlook that chorea is frequently associated with heart disease. The possible chance of serious harm by chloral in these cases should always be taken in consideration. We claim it is entirely unnecessary to use chloral in these cases even in the very grave cases. The same applies to the use of Veronal in chorea.

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In the treatment of your neuritis case—one thing is certain, the disease cannot be relieved as long as its cause is still operative. If it is an alcoholic—alcohol must be taken away; if it is some other poisonous material, same must be removed, the infection must be treated, the diet changed, surroundings bettered or adjusted, and metabolic changes receive your careful consideration. Elimination of toxins must proceed at once. To employ drugs only—and not pay attention to the above is a waste of time.

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Rachford claims that migraine is an auto, or intestinal, intoxication, and yet when you place your patient upon a proper diet—and get no results whatever—we are then bound to doubt this particular claim. While intestinal auto-intoxication may play some part in the production of migraine, I doubt whether Rachford is



right in considering as the only cause. I found that psychical causes produced as many attacks of migraine as physical, and even more so. Worry, grief and excitement play a very important part in the production of migraine.

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Compression of the carotids will control convulsions in some children, where there is present hyperaemia of the face, or a tense fontanel.

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In our items last month, the item on "marked" epilepsy should have read "masked" epilepsy.

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What to do in migraine? Well, I will take it up some other time.

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The so-called early form of Paranoia is so infrequent that it hardly merits even a bare notice. The cardinal symptoms are in the main similar to those of the later form. The disorder begins to show either before or during the epoch of puberty. Kraft Ebbing claims to have noticed one case in which the first symptoms were marked as early as the fourth year.

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Delirium acutum is one of the rarest of the psychoses. Christensen had 33 instances in 1,800 admissions to the Aarhus Institution, and in another asylum only 3 cases are reported out of 960 admissions. Still we can see more cases of delirium acutum in private practice, than you can meet in a public institution, and this statement is also supported by Berkley.

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Kraft Ebbing recommended ergotin injections in all cases of delirium acutum. The same treatment was carried out by Soldnetti and Gaicardi. In my experience protracted half baths at a moderately elevated temperature always lessened the delirium.

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The muscular jactitations of delirium acutum are controlled by conium maculatum, and has in my hands replaced the use of morphine, which is so strongly recommended by confreres of the Allopathic school.

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Very closely allied to dipsomania are periodic attacks of sexual excitement, so intense that the individual is uncontrollable. The sexual perversion may be either homosexual or heterosexual, while in the intermission the desire is neither abnormal nor intense. In

these cases the inception is sudden, and what in a normal state is disgusting becomes now pleasurable—and a necessity. This abnormal excitement will last for weeks, months—and disappear after a profound sleep.

The differential diagnosis between neurasthenia in some of its varied aspects and paresis is not an easy matter. Both affections have a number of similar and misleading symptoms. The irritability, the headaches, vertigo, disturbances of sleep, lacking of the faculty for serious thought, tremor of hands, face, and even of tongue, are found in both maladies.

910 St. John's Place, Brooklyn.

## **Materia Medica and Therapeutics**

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to  
DR. J. W. FYFE, Saugatuck, Conn.

### **Prescribing for Disease.**

In prescribing for disease our thoughts naturally pass in review drugs which influence the particular part in which the disease is located, and especially those drugs which exert an influence in the direction of the health of the particular part or function involved. Disease is wrong life. In order to prove curative a drug must oppose wrong life and act in the direction of right life—health. We want to know the action of drugs in medicinal doses upon the human body, not only so far as their action is elective for different parts of the body, but as to the character of their action. In the practice of specific medication it is first absolutely necessary to know that the drug selected exerts a direct action upon the part or function which is diseased, and secondly, whether it is an excitant or depressant. In other words whether it favors an increased circulation, innervation and functional activity, or lessens the circulation, innervation and functional activity. Upon the accuracy of this knowledge largely depends our success in the practice of medicine.

### **Spongia—Sponge.**

Sponge yields a medicament of considerable value in pathological states of the respiratory organs, as well as in wrongs of the circulatory system. It is also an efficient remedy in glandular enlargements. I have employed spongia in many cases of spasmodic croup, and always

with gratifying results. In the hypertrophy of the thyroid gland, known as goitre, it has long been used with decided success.

"Spongia under the common name of 'burnt sponge' has long maintained a reputation in the treatment of goitre. It has been suggested that all its virtues are due to the iodine which it contains. But Preuss found calcined sponge to contain calcarea sulphate, natrium muriate, sodium iodide, magnesium bromide, calcarea carbonate, calcarea phosphate and peroxide of iron. Our method of preparing sponge by roasting preserves all these constituents. It is a very complex drug, and as nearly all its ingredients may be indicated in goitrous affections, it is the most appropriate remedy we possess. It may be useful in vascular goitre, when the heart is dilated, or in the early stages of cystic tumors, or when the parenchyma begins to enlarge by the formation of new glandular elements. After the parenchyma becomes indurated no drug is of benefit."—*Hale*.

Specific Medicine Spongia is an alcoholic preparation of sponge, calcined by smothering under a heat gradually increased to a certain needed temperature. A pound of sponge, by this method of dry distillation, produces a pint of the specific medicine.

"Spongia gives better results than iodine, in the more chronic forms of goitre. It is useful in chronic pharyngitis with thickening of the mucous membrane. In acute hoarseness from colds, it is the very best remedy of which I know, but it is chiefly as a croup remedy that I have used it. In follicular tonsillitis, spongia is a most excellent remedy, and combined with other indicated remedies, as aconite, phytolacca and bichromate of potash, will relieve in half the time the same prescription would without the spongia. It is a fine remedy in laryngitis, with burning, smarting, raw sensations, as it is also in tubercular laryngitis, relieving the teasing cough, and improving the health of the mucous membrane, overcoming the hoarseness, and improving the voice. I have used spongia for many years, and always with specific results."—*Hite*.

*Indications.*—Croup, with rough, barking, crowing cough; stridulous respiratory sound during respiration, with dry cough; loud, wheezing respiration, with suffocative spasms of coughing; inability to breathe without throwing the head backward; enlarged or hypertrophied glands, as in goitre.

*Usual Prescription.*—℞ Specific Medicine Spongia, gtt. x to 5i; water, ʒiv. M. Sig. Dose, one teaspoonful every fifteen minutes to every two hours, according to the severity of the case being treated.

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#### Eugenia Chequen.

This South American plant is commonly known as chekan or cheken. It sometimes attains a height of twelve to fifteen feet. Its

usual height, however, is but little more than five feet, its growth depending largely upon the soil of the section in which it is found. A thorough study of the properties of this plant would be likely to reveal valuable therapeutic knowledge.

Cheken is a very good tonic and stimulant to relaxed mucous membrane. It seems especially adapted to chronic cases. Chronic coughs which are very severe in winter come well within the field of the activities of this agent. In such cases drachm doses of the fluid extract, repeated every four hours, have caused rapid improvement to take place, and in time produced curative results. In phthisis it modifies the cough and reduces expectoration. In catarrhal conditions of the respiratory mucous membranes cheken has been employed with much benefit. In bronchitis and so-called winter coughs it is used with gratifying results. A drachm and a half of the fluid extract added to four ounces of simple syrup makes a cough medicine of value which may be administered in teaspoonful doses every two to four hours. In bronchitis I have occasionally employed cheken for several years. The first case in which I used this agent was that of an elderly woman who had previously been quite free from illness of any kind. She had for more than a week been suffering from a severe cold. There was a considerable bronchial irritation with moist rales in the bronchi. The expectoration was difficult to remove. The cough was severe and almost continuous during the night. Having a few days before this patient came under my care read an article giving an account of a similar case in which cheken was used with marked benefit, I decided to give the agent a trial. Under its influence there was a speedy improvement, and within a reasonable time a complete recovery.

In pleurisy as well as in pneumonia cheken has been employed with very satisfactory results. It has also been used with some benefit in rheumatism.

The following indications for cheken have been suggested as likely to prove useful: Purulent inflammation of the bronchial tubes; paroxysmal cough with thick, yellowish expectoration and shortness of breath on exertion; winter cough; chronic cough with thick and sticky expectoration; hacking cough; sympathetic cough of adults who are associated with children having whooping cough; catarrh of the bladder.

The dose of the fluid extract of cheken is from twenty to sixty drops.—Dr. J. W. Fyfe, in the *Eclectic Medical Journal*.

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#### Kali Muriate Inflammations of the Eye.

Remarkable results often follow this remedy in inflammation and even in hemorrhages of the cavities of the eye.



About two years ago a piano tuner sent for me to come and treat his eye. I found him in a perfectly dark room suffering agonies from a pain in his right eye, which was aggravated in the extreme by the light of even a tallow candle. The eyeball was tense and hard, with a severe conjunctivitis, and the whole anterior chamber of the eye was filled with blood, and as nearly as I could make out extended behind the iris and lens. He was, of course, entirely blind so far as distinguishing objects was concerned.

To reduce the fever and conjunctivitis I gave him aconite and rhus tox aa gtt's, five in half a glass of water, one teaspoonful every hour, and for the inflammation and hemorrhage of the internal structures I gave him kali mur. 3x, 2 grs. every hour alternating with the aconite and rhus tox, every half hour. For a lotion I used ten drops of Lloyd's hydrastis in 2 drams of rose water and ordered a drop or two in the eye every two or three hours.

This treatment restored the eye to a perfectly normal condition in the short space of five days, and it still remains normal.

I would recommend a careful study of the so-called tissue remedies, for they do remarkable work in cases where indicated, and above all, do not forget this remedy in inflammations of the internal structures of the eye.—Dr. G. W. Harvey in the *California Eclectic Medical Journal*.

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#### Acorus—Calamus—Sweet Flag.

Calamus, a plant commonly known as Sweet Flag, and having a pungent aromatic root, affords a remedial agent which has been long and efficiently employed in diseases characterized by flatulency. It is also satisfactorily used as an adjuvant to tonics and purgatives.

*Indications.*—Pain and uneasiness in the stomach and intestines.

*Dose.*—Specific medicine 5 to 30 drops in water every half hour to every two hours.

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### **Society Meetings**

National Eclectic Medical Association.

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#### Call for Eclectic Pamphlets.

Much demand there is, and much necessity as well, for a lucid presentation of the patriotic efforts that the Eclectic school of medicine has made during the past century in behalf of the therapeutic independence of the American people, as well as the medical profession. This seems to be now both a necessity of the



people at large, and of the various schools of medicine, none of the thinking members of which are now presumed to be unfriendly to a profession interested in the general welfare of one and all, or prejudiced in behalf of a professional or scientific wrong that may be committed by persons in favor of any medical sect whatever.

At the meeting of the National Eclectic Medical Association in Indianapolis, it was decided that a committee should be appointed with the object of procuring expressive and fair presentations of the Eclectic cause, presented in as condensed form as possible, both to the medical professions of America, regardless of sect, and to the people who depend upon the professions of medicine for their care in sickness and for guidance in health.

This committee, with the object, calls therefore upon the friends of therapeutic progress and fairness, to present arguments for two condensed leaflets, *one* to be addressed to laymen and for promiscuous distribution by physicians, with the object of bringing to the people of America the altruistic cause to which Eclectics for one hundred years have devoted their thought and care in behalf of the best interests of the people, *the other* designed for the entire medical profession of America, with the object of disseminating authoritative information regarding the altruistic aim and object of the Eclectic school of medicine, which for nearly a century has devoted its thought and care to the development of the American materia medica. This, it may be remarked, is not for any selfish purpose whatever, but with the hope of serving the opportunities of the entire medical profession of America, in which the Eclectic school of medicine is an active part.

With this object, the committee asks argumentative contributions, each devoted separately to the object named and each contribution as strong as it can be made for the purpose mentioned, one addressed to laymen, the other to the intelligent medical profession, as a whole. Neither of these should consume more than five thousand words, and each should be a fair presentation of the efforts of the Eclectic school of medicine in behalf of both the American medical profession and the American people, and explanatory of the century of effort the Eclectic medical profession has made in behalf of the American laymen. Those responding to this call are requested to send their contributions to Dr. John K. Scudder, 630 West Sixth Street, Cincinnati, Ohio.

JOHN URI LLOYD,

J. A. MUNK,

J. K. SCUDDER,

*Committee.*

**Eclectic Medical Society of the City and County of New York.**

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held at Van Glahn's Hotel, 59th Street and Columbus Avenue, October 15th. Dr. Alperin was in the chair. The attendance, owing to the new and interesting topic to be discussed, was good. The minutes of the previous meeting were read and approved.

Dr. Meyer opened the subject on Spondylotherapy, and mentioned some interesting points, among which was the arresting of the pulse by compression of the abdominal muscles, and also by throwing the head backwards in a certain manner. He also mentioned some new facts on the pressure of blood and the diagnosis of diseases by means of the various electric currents.

Dr. MacDermott related his experiences at the clinic of Dr. Abrahms held in New York City a short time ago.

Dr. Birkenhauer's amendment to the constitution and by laws was read for the second time.

Dr. Adlerman suggested that the Society invite out of town Eclectics to read papers before the Society.

Dr. Hardy presented the following resolutions:

"Whereas, the Eclectic Medical Society of the City and County of New York is auxiliary to the State and National Eclectic Medical Associations and,

"Whereas, by its per capita tax it has helped to create the balance of \$1,700 mentioned in the treasurer's report, and,

"Whereas, in the report of its meeting we have noticed with deep regret, that one of our honored members, Dr. G. W. Thompson, presented a bill which the Society refused to pay, we desire hereby to protest to the National Eclectic Medical Association against this action, and respectfully request them to reconsider their action, and to reimburse Dr. Thompson for the money expended in attending the Chicago conference.

"Resolved, that a copy of this protest be sent to the President and Secretary of the National Association and to the officers of our State Association."

A motion was then made, seconded and carried, that the resolutions be adopted, and a copy be sent to the President and Secretary of the National Association and also to the officers of the State Society.

The Society then adjourned.

A. S. Gombar, Secretary.

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Get acquainted with your Senator and Assemblyman. They may come in handy this winter.

**Selections**

**Uncertainty of Statute.**

The Colorado statute, Rev. St. 1908, §6068, authorizes the State Board of Medical Examiners to revoke a physician's license for certain specified acts, one of which is "obtaining a fee on the representation that a manifestly incurable disease can be permanently cured." In proceedings under the statute alleging that the defendant obtained a fee by representing that he could permanently cure a person of consumption, knowing the disease to be at the time incurable, it was held that the word "manifestly" and "incurable" applied to the disease and not to the person or the condition of the person afflicted with the disease, and, there being no disease known and understood to be manifestly incurable, the statute was to this extent void for uncertainty. Conceding that the words did relate to the condition of the patient, the statute was held to be still too indefinite and uncertain to form the basis of a judgment for the revocation of a physician's license. Three judges dissented.—*Graeb v. State Board of Medical Examiners*, Colorado Supreme Court, 139 Pac. 1099.—Record.

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**Corpora Lutea Now Available.**

Physicians who have been desirous of prescribing Corpora Lutea, but have been unable to do so through inability of their druggists to supply it, will be glad to know that the manufacturers, Messrs. Parke, Davis & Co., have taken steps to secure sufficient quantities of the glands in future to meet the probable demands of the medical profession.

As is known, perhaps, to most physicians, Corpora Lutea is largely used to control the symptoms following the removal of the ovaries, especially in young women, and to relieve the nervous disturbances attending the natural menopause. Reports have appeared on its successful employment in the treatment of amenorrhea, dysmenorrhea, chlorosis and menorrhagia. It is supplied in desiccated form, in capsules of five grains each, equivalent to about thirty grains of fresh corpus luteum. Only the yellow granular material from fresh ovaries is used in its preparation, the remainder of the gland being discarded because of its lack of therapeutic value.

While comparatively a new product, there is sufficient evidence at hand to warrant the opinion of one writer who expresses the belief that "in Corpora Lutea we have a preparation that will be a blessing to womankind."

**Pitts Edwin Howes, M.D.**

Died suddenly at his residence on Friday September 18, 1914. The Doctor had been in poor health for about a year, the result of a severe attack of La-Grippe. He was born in Chatham, Mass., July 11, 1853. When nine years of age his parents removed to Newton. He was educated in the Newton Public Schools and graduated from the Newton High School.

In after years, having devoted himself to the study of medicine, he entered the Eclectic Medical Institute of Cincinnati, O. From said Institute, he received in the year 1883, the degree of Doctor in Medicine. He joined the Massachusetts Eclectic Medical Society, and was made its president in 1893. In 1894 he was made secretary, and in the same year he was made secretary of the Boston District Eclectic Medical Society; in both positions he served faithfully and with distinction up to the time of his death. In 1897 he was corresponding secretary of the National Eclectic Medical Association. In the following year he was elected recording secretary of said Association, which position he held for three years. He was Regent of Lincoln Council No. 93 Royal Arcanum for three years, and was its secretary at the time of his death. He was treasurer of the Therapeutic Publishing Company, Inc., and editor-in-chief of the *Journal of Therapeutics and Dietetics*.

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**Antitoxin and Diphtheria in Japan.**

The following figures are taken from a paper by Mr. Porter F. Cope: "Proceedings of the International Anti-vivisection and Annual Protection Congress," 1913:

"During the seven years (1889-1895) immediately preceding the introduction of antitoxin, the cases of diphtheria in Japan numbered 30,039 and the deaths from diphtheria in Japan numbered 16,571, making the case fatality-rate about 55 per cent. During the seven years (1896-1902) immediately following the introduction of antitoxin, the cases numbered 112,588, and the deaths 36,356, making the case fatality-rate about 32%. From these statistics Japanese officialdom drew the conclusion that antitoxin had reduced the case fatality of diphtheria 23 per cent., but it really had done nothing of the kind. The figuring out of a lower percentage of case fatality under the antitoxin treatment was merely the result of a new statistical method, by which all cases of sore throat, however mild, that were subjected to the antitoxin treatment, were classed as cases of diphtheria. Bacteriological tests were substituted for clinical diagnosis, and presto! the number of cases showed an increase of about 275 per cent., outstripping the increase in the number of deaths by the margin of 154 per cent., and serum therap-



ists deceived themselves into believing that antitoxin was the winner in the race with death. But the fact was that instead of 16,571 persons dying from diphtheria without antitoxin, 36,656 died from diphtheria with antitoxin, the absolute mortality from diphtheria after antitoxin was introduced, increasing more than 121 per cent.!

These figures were taken from a published report by the Serum Institute of Tokyo.—*The Homeopathic Recorder*.

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#### Solubility of Gallstones.

The discovery that human gallstones vanish when placed in the aseptic gall-bladder of the dog has encouraged physicians to search for these bodies in vivo. Thus far we know little of their relative solubility, which must depend largely upon their chemical composition. Although they consist so overwhelmingly of cholesterin, there is more or less calcium to be reckoned with. We know nothing of the differences between bile which forms stones and bile which does not. This subject was discussed by the Niederrheinische Gesellschaft für Natur und Heilkunde of Bonn at their last meeting (*Deutsche medizinische Wochenschrift* July 30). After Leo had related the result of his research on the dog and had expressed his belief that Carlsbad salts could dissolve gallstones, Pryn announced that colesterin is simply absorbed by the wall of the gall-bladder. Grube added that the disappearance of these transplanted stones could not be attributed to the Carlsbad water given the animals. Leo in closing the discussion showed that his researches were rigidly carried out, with controls. While not denying the spontaneous absorption of almost pure cholesterin calculi he insisted that the Carlsbad water hastened the process.—*Medical Record*.

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**No Longer in Doubt.**—This is from an editorial in the *British Medical Journal*:

"Any doubts as to the causes of death in fatalities after salvarsan injection will be dispelled by a perusal of an able analysis of the published cases by Dr. Carl Schindler. The symptoms in practically every case recorded are strikingly similar—headache, vomiting, restlessness in the first twenty-four hours, a few hours of apparent recovery, and then relapse, leading to coma and death on the fourth day. The *post-mortem* appearances of the brain, kidneys, and other organs do not differ in any important detail." This being the case it brings up several questions that may some day be settled before a jury, for the editor adds, later, "Death from salvarsan is nothing less than death from acute paralysis of the circulation by arsenic"—*The Homeopathic Recorder*.



**Substituting for Liberty.**—In this Commencement Address, President Butler, of Columbia College, said that in the early days of that college liberty was what all sought for, but today “not liberty, but regulation and restriction are the watchwords.” “John Stuart Mill, in his classic essay, ‘On Liberty,’ saw and described these tendencies nearly fifty years ago, but even his clear vision did not foresee the lengths to which restrictions on liberty have now been carried.” \* \* \* “The cycle will, in due time and after a colossal waste of energy and of accomplishment complete itself, and liberty will once more displace regulation and restriction as the dominant idea in the minds of men. It is worth your while to take note, therefore, that while liberty is now in the foreground of human thinking and human action, it cannot long be kept out of the place which of right and of necessity belongs to it.” —*The Homeopathic Recorder*.

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#### Altruism of a Trust.

The Board of Trustees of the Medical Trust solemnly assures the public that “no other organization is doing so much altruistic work as is the American Medical Association at the present time, for 75 per cent. of the expenditure to which we have been referring is absolutely for altruistic purposes.” The board referred to the following expenditures for the year 1913: Association expenses, office, salaries, etc., \$18,084.00; Council on Health and Public Instruction, \$18,465.00; Council on Pharmacy and Chemistry and the Chemical Laboratory, \$13,321.00; Council on Medical Education, \$8,617.00; Propaganda, \$10,509.00; Therapeutic Research, \$1,278.00; Organization, \$9,202.00. Total, \$79,476.00. How much “altruism” is there in those figures? They indicate organization. Organization for the control of the business of medicine. Organization for the control of the people. Organization to dominate the press. Organization for the control of medical education. The altruism may be seen in the expenditure, entitled “Therapeutic Research.” Just .017 per cent. was expended in therapeutic research, that is, in searching for healing or curative agencies. Was no more spent because the managers of the Association were afraid that if the organization’s funds be expended in looking for cures it would be an acknowledgment that they have been groping in the dark and the people must not be permitted to discover that medicine is not a science but near art? No, the real reason is that the American Medical Association is interested in trying to control the people. It wants to censor the newspapers and it covets legal power to force its own system of treatment upon the people. Its altruism is hypocrisy. Its motive monopoly. Its goal the slavish adherence of the people to allopathic medicine from which they would not be able to revolt, for all other

systems of healing would be stamped out of existence and there would be nothing to which they could turn—if the medical trust gets its way.  
—*Medical Freedom.*

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### The Pumpkin as a Diuretic.

That common articles of food may possess in addition to a high dietic value certain medicinal virtues is indicated in the use of oatmeal as a diabetic cure, in the employment of buttermilk in gastrointestinal disorders, in the administration of acid fruits as antiscorbutic remedies, etc. A. Kakowski in the *Zeitschrift für physikalische und diätetische Therapie*, June and July, 1914, extols the value of the pumpkin when administered in large quantities in the treatment of nephretic edema. He finds that it fulfills the following requirements of the ideal diuretic food: It should contain considerable water and natural salts, but should be relatively free from sodium chloride; it should be well borne by the alimentary tract and should act as a mild laxative; it should have nutritive value and should be palatable; it should not irritate the kidneys and should not give rise to harmful metabolic products; and it should be easily obtainable, cheap, and easily preserved.

The edible portion of the pumpkin is prepared by Kakowski in the form of a porridge, by being cut into small pieces, covered with water, and boiled over a slow fire for two hours. It is administered to the patient with butter, milk or cream, or preferably mixed with a rice soup. The preparation most agreeable to the patient is one in which the pumpkin is boiled with milk or with cream.

The pumpkin cure was employed in severe cases of chronic nephritis in which an edema had been rebellious to the entire range of medicinal diuretics. Long standing and massive edemas disappeared within a short time under this method of treatment. Diuresis occurred after the use only of enormous quantities of pumpkin, varying from three to six pounds a day, and in most cases directly proportional to the amount of this food that was eaten. The diuresis occurred only during the period of administration. The number of casts rapidly diminished, and the reaction of the urine became alkaline. There was no evidence of any irritating effect upon the kidneys nor of any otherwise harmful influence upon the body. In one of the author's cases as much as 252 pounds of pumpkin was administered in the course of 80 days without giving rise to any untoward effects apart to large fluid stools. In addition to its diuretic action the pumpkin is said by Kakowski to have a high nutritive value, which fact is of particular importance in the case of chronic nephritis in whom the diet is usually greatly restricted.—*Medical Record.*

**United States Chamber of Commerce to Study Food and Drug Questions.**

The Chamber of Commerce of the United States of America, a body composed of representatives from about 600 local boards of trade, chambers of commerce, and trade associations, widely distributed throughout the United States, has taken up the study of the subject of uniform food and drug regulation. For this purpose a special committee was appointed in July, and its first meeting was held at the headquarters of the Chamber in Washington, October 8th. The committee is composed of Willoughby M. McCormick of Baltimore, A. J. Porter of Niagara Falls, John A. Green of Cleveland, B. L. Murray of New York, and Theodore F. Whitmarsh of New York. Mr. McCormick, the chairman, is a member of the Board of Directors of the Chamber of Commerce of the United States and the head of the firm of McCormick & Co., manufacturers of extracts and drugs and importers of spices and teas; Mr. Porter is president of the Shredded Wheat Co.; Mr. Green is secretary of the National Association of Retail Grocers; Mr. Murray is chemist to Merck & Co., and Mr. Whitmarsh is vice-president of Francis H. Leggett & Co.

The first meeting of the Committee was devoted to organization and the preparation of a program for the committee's future work. The following resolution was adopted:

RESOLVED, That the Chairman be and he hereby is authorized and empowered to appoint two sub-committees to consider, respectively, the problems relating more particularly to food control and to drug control, and to report their findings to the general committee.

As a result of the above resolution Mr. McCormick appointed Mr. Murray as chairman of the sub-committee on drug control and Mr. Porter as chairman of the sub-committee on food control.

The following resolution commending the efforts of the Department of Agriculture tending towards co-operation and uniformity was also adopted:

RESOLVED, That this committee hereby earnestly and heartily endorses the establishment of the bureau in the United States Department of Agriculture, particularly concerned with Federal and State co-operation in the enforcement of the Food and Drug Control Laws, thereby promoting an equal and uniform enforcement of such laws, believing that this work is distinctly in the public interest.

The position taken by the committee on the meaning of uniformity is interesting and will repay close examination. Its views

are not confined to a limited horizon, but are intended to grasp the broader and wider fields. Its efforts will be confined to no organization or class of people. It hopes to cover in its endeavors the position of the wholesaler, the retailer, the consumer, the manufacturer, the official, and all others concerned in the production, handling and consumption of food and drugs. But only the broad, general questions of national character will be considered. After a lengthy discussion the committee at its meeting, by unanimous vote of all present, adopted the following regarding uniformity:

Uniformity as the committee would define it involves the highest degree of efficiency in food and drug control which it is possible to have prevail universally and equally in every part of the nation. The Federal, State and Municipal laws and their regulations would, if perfect uniformity were attainable, reach the level of full and complete efficiency—and thereby afford equal protection and a uniform standard of living for all the people. Uniformity accomplished places merit and the general public interest over local political or geographical divisions. This committee will, therefore, direct its efforts and consideration towards the accomplishment of uniformity. The committee cannot but feel impressed with the magnitude, the importance, and the seriousness of its work. It cannot but feel the need for the closest study of the subject. And again the committee cannot but feel the necessity for the fullest and most cordial co-operation between itself and the officials and all others concerned. The committee will, of necessity, act deliberately and slowly, making certain of each step, considering only the important problems of national character.

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### Nephritis and Nephrosis.

Since it has been asserted that the so-called parenchymatous nephritis is not inflammatory but degenerative in character, various attempts have been made to take it out of the realm of the nephritides. It is admitted, however, that it still constitutes an important sub-division of Bright's disease. Müller proposed the term nephrosis as a substitute for parenchymatous nephritis, for the latter, even when preceded by cloudy swelling, is degenerative in nature from beginning to end. The blood vessels and glomeruli are hardly involved in the process, and the heart does not undergo hypertrophy. There are several other nephroses, notably amyloid kidney. In a paper read at a session of the Aerztlicher Verein of Hamburg



(*Deutsche medizinische Wochenschrift*, September 3), Fahr, after isolating the nephroses, as above, divides true nephritis into interstitial and arteriosclerotic, each of which is subdivided so that four types result:

1. Diffuse glomerulonephritis, which is the forerunner of secondary cirrhotic kidney.
2. Focal interstitial nephritis, which comprises several conditions of minor clinical import.
3. Primary arteriosclerotic kidney, which is very variable in degree and associated, as a rule, with arteriosclerosis in general.
4. The combined form, in which marked arteriosclerotic changes may complicate a nephrosis or nephritis. There is still much confusion as to what really constitutes primary or essential contracting kidney.—Record.

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### Book Reviews

HOW TO COLLECT A DOCTOR BILL, by *Frank P. Davis, M. D.*, Secretary Oklahoma State Board of Medical Examiners, 1908-11; Superintendent Oklahoma for Feeble-minded, 1910-11; member Oklahoma Press Association; late editor Davis' Magazine of Medicine, etc., Published by Frank P. Davis, M. D., Enid, Oklahoma, 1913.

Dr. Davis presents a very useful book with hints and suggestions useful to the practitioner. The book is divided into eight chapters, dealing first with the attitude of the Doctor toward his patients, hints as to bookkeeping and suggestions in regard to the collection of bills. The final chapters contain the statutes of limitations and the exemption laws of the various States. The price of the book is \$1.00 and you will get more than your money's worth.

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EALE'S AND TABER'S ANATOMICAL AND PHYSIOLOGICAL ENCYCLOPEDIA CHART OF THE HUMAN BODY. A Key to Spinal Therapeutics. 5,000 questions correctly answered. Sixth and improved edition. The recognized standard compendium of all Manipulatory Treatment, including Spondylotherapy, Electrotherapy, Osteopathy, Radiotherapy and Massage, together with the Anatomy and Physiology, Symptomatology and Diagnosis that constitute a basis for the understanding and application of all forms of Spinal Therapeutics. Fifteen illustrations lithographed, in seven colors, both sides. All nerves colored differently to indicate their functions. Heavy enameled cloth stock,



34x46 inches, mounted top and bottom with wood rollers. Price \$5.00. I. W. Long, publisher, 5 Wesley Block, Columbus, Ohio.

This chart has been well named by its authors and publishers, "An Encyclopedic Chart of the Human Body," and contains more concise information in the small space of 34x46 inches than it would seem possible, even though both sides are used. It has 15 illustrations in 7 colors; the functions of the nerves are indicated by their color. It is printed on heavy cloth and mounted top and bottom with wood, so that it can be used as a ready reference in the application of all forms of manipulatory treatment. To me it would seem a part of the necessary outfit in the application of any of these manipulatory systems of treatment. Write to the publisher, I. W. Long, Columbus, O., for a descriptive circular of the chart.

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#### Manual of Biological Therapeutics.

A book of uncommon interest and value to physicians has just been issued from the press of Parke, Davis & Co. It is a new "Manual of Biological Therapeutics," receipt of a copy of which is hereby acknowledged by the editor of this journal. The book is handsomely printed in large, clear type, on heavy enameled paper, and bound in cloth. It contains 174 pages of text, upwards of thirty full-page plates in color, and a number of half-tone illustrations in black and white, together with a comprehensive index. As its title suggests, it is a concise and practical treatise on biological therapeutics, and so replete with useful information that no practitioner should miss the opportunity to secure a copy, especially in view of the fact that the publishers announce that the entire edition is to be distributed gratuitously to members of the medical profession, on individual application.

Something of the scope and value of the work may be inferred from this incomplete list of the subjects treated: Biology; Bacteria; Immunity; The Preparation and Uses of Sera; Antidiphtheric Serum; Concentrated Diphtheria Antitoxin; Allergic Reactions; Antitetanic Serum and Globulins; Antigonococcic Serum; Antimeningitic Serum; Antistreptococcic Serum; Bacterial Vaccines or Bacterins; The Opsonic Index and description of method of taking it; When Serums should be used and when Bacterial Vaccines are to be preferred; The various Bacterins and their Indications; Smallpox Vaccine; Pasteur Antirabic Vaccine; The Diagnosis of Typhoid Fever; The Agglutination Test without a Microscope; The Agglutometer; Ehrlich's Diazo-Reaction in Typhoid Fever; Gonococcus Antigen; The Wassermann Reaction; Coley's Mixture; Coagulose or Hemostatic Ferment; *Bacillus Lactis Bulgaricus*; *Phylacogens*, their

Preparation and Mode of Use; Mixed Infection Phylacogen; Pneumonia Phylacogen; Gonorrhea Phylacogen; Erysipelas Phylacogen; Rheumatism Phylacogen; Typhoid Phylacogen; Tuberculin in Diagnosis and Treatment; Organotherapy; Thyroidectin and Thyroprotein; Thyroid and Thymus Glands; Adrenalin and Pituitrin; Corpora Lutea; The Biological Farm and the Research Laboratory.

To our physician friends we suggest the propriety of writing at once for a copy of this "Manual of Biological Therapeutics," addressing the request to Parke, Davis & Co. at their home office in Detroit, Michigan. It will not be amiss to mention this journal in writing.

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### Postal Regulations.

Statement of Ownership, Management, &c.

In accordance with the provision of section 467½ of the postal laws and regulations the following statement is made for The Eclectic Review published monthly at New York, N. Y.

Editor, Business Manager, Publisher and Owner, George W. Boskowitz, M. D., 242 West 73rd Street, New York City.

This is a scientific publication. There are no bondholders or mortgagees, or other security holders.

(Signed) George W. Boskowitz, M. D., Editor.

Sworn to and subscribed before me this 21st day of September, 1914.

Henry Brick, Notary Public, No. 303.

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My commission expires March 30th, 1915.

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### Items

Dr. Charles B. Graf, formerly of 1370 Lexington Ave., announces the removal of his office to 131 West 93th Street (corner Broadway), New York.

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Dr. S. R. Schultz is taking a much needed rest in Canada.

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Peter Nilsson, M.D., has removed to 1200 Lexington Avenue, between 81st and 82nd Streets.

### Prophylaxis Against Grippal Attacks.

If many who become subject to grippal attacks had but increased the resistance of their tissues to germ invasion, they might have been spared such attacks. It is for such a purpose that Cord. Ext. Ol. Morrhuæ Comp. (Hagee) shows its pronounced worth. For patients who are debilitated and who might easily become victims of grip, Cord. Ext. Ol. Morrhuæ Comp. (Hagee) is of utmost value as a strengthening agent. It makes new blood and puts added resistance in the tissues.

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### Glyco-Thymoline for Colds.

At this season of the year the crop of "colds" becomes very numerous.

One of the first efforts of the physician aims at relieving the congestion of the nasal mucous membrane and bring some degree of comfort to his patient.

Glyco-Thymoline in a 25% solution used in connection with the K. & O. Nasal Douche, not only cleanses the nasal passages of the mucous secretions but also reduces the congestion by its exosmotic action, thereby giving the patient a degree of comfort that will be thoroughly appreciated.

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At a meeting of the Pennsylvania Eclectic Medical Society, held at Harrisburg, May 21st and 22nd, the following officers were elected: Dr. E. J. Dech, President; Dr. Ritter, Vice-President; Dr. Nannie Glenn, Treasurer; Dr. Shaulis, Corresponding Secretary; Dr. Heacock, Recording Secretary.

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Dr. William L. Heeve announces the removal of his office to 138 Hancock Street one door below Nostrand Avenue, Brooklyn, N. Y.

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Dr. Max Meyer will present us with a most interesting article for the December issue.

# DIRECTORY OF PHYSICIANS

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# THE ECLECTIC REVIEW

GEORGE W. BOSKOWITZ, M. D., Editor.

JOHN W. FYFE, M. D., Associate Editor.

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No. 12

## Another Bubble "Busted."

FRIEDMANN CURE CONDEMNED BY UNITED STATES HEALTH OFFICIALS.

SPEEDY DEATH OF CERTAIN PATIENTS FOLLOWED INJECTION OF  
TUBERCULAR SERUM.

These are headlines in the daily papers announcing the bursting of another serum bubble. One more "Made in Germany" come to judgment and to grief. One more of the crazy notions gone glimmering, albeit its author was given plenty of time to "feather his nest."

If the present idiotic combat among the nations of Europe and Asia will destroy the entire unholy brood of synthetics, sera and what-nots—deadly agents used almost universally in the treatment of disease—the war will not have been waged in vain, for all the dead, all the maimed and pauperized which result therefrom, will form but a fraction of the number who have died or have become diseased, and those who have been robbed of their hard-earned wages through the use of these rotten and malignant products. This may seem like strong language, but I have lived and observed for a good many years, and this is my honest verdict, without prejudice and without fear. I have nothing to gain by such an assertion; I have something to lose by it. To "buck" the tide is to get one's skin scarified; to paddle with the current is to be lulled to sleep by the gentle undulations of the waves of popular opinion.

When Friedmann's rocket started skyward the daily press, awestruck by the usual bombast accompanying the get-a-way, gave columns of space with great black headlines in free advertisement of "Herr Doctor" who, with blare of trumpet landed in America and proceeded to "do" it handsomely. Then the "green-eyed" reptile crawled from its lair and chased Herr Friedmann back across the briny deep. Not by calm, cool, unbiased reasoning; not by the exercise of good old



"common sense" was the chase conducted; but through jealousy and malice was it done. Medical authority, envious of all, camped on the doctor's trail until he was well outside of "Hell Gate." The reasoning and common sense came after the interloper "flew the coop."

The theory upon which the whole serum structure rests is based upon a foundation of crumbling sand, a foundation as vicious as can well be conceived. The foundation upon which it is built is that *health can be obtained, and maintained, by the instillation of disease; that to make one well he must first be made sick.* Shade of Jenner, first worshipper of the pus-polluted cow; whoever would have thought that the world would become a mad-house?

Degeneracy, the foe of civilization, stalks abroad in the land, and men again worship at the shrine of the "Sacred Cow." Again do they offer their sacrifice of human life upon the altar of idolatry.

Mankind seems to be afflicted with a form of mental aberration, and unless by a miracle we will not recover our mental equilibrium this side of heaven where it is to be hoped that the enrapturing music of the angels will so act upon our over-wrought nerves as to soothe us into a healthy state of sanity.

Vale Friedmann and his serum. Let us write his epitaph:

Here lies Herr Friedmann and his juice.

The American doctors cooked his goose.

Although *our* serums kill men, too;

We'll give Herr Doctor the ballyhoo.

Stephens.

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#### Hints and Winnowings.

**The Foot and Mouth Disease** having again made its appearance in the United States, physicians should be watchful, cautious and very careful in diagnosing diseases of an aphthous character, for it must be remembered that this contagious disease is not always confined to cattle.

In referring to the present epidemic of the Foot and Mouth Disease, Dr. J. H. Townsend, in the *Bulletin of the Connecticut Board of Health*, well points out most important facts in regard to its character and destructive effects, as follows:

"Foot and Mouth disease has recently made its appearance in the United States. Starting in southern Michigan, it has spread over the country so that at the present writing fourteen States are under quarantine including the adjacent states of New York, Massachusetts and Rhode Island. The disease prevails in European countries, where it occasions great economic loss. In this country it has appeared previously on five different occasions:—in 1870, 1880, 1884, 1903 and 1908, and the infection in each instance was traced to imported cattle. Every

outbreak in America has thus far been followed by its complete suppression through the application of well known preventive measures, such as isolation, destruction and burial of the affected herds, disinfection, and a systematic inspection of all farms in the infected area to detect cases of the disease.

"Foot and Mouth disease is an acute infectious disease, primarily affecting cattle and secondarily man. Hogs, sheep, goats and other domestic animals may occasionally become infected. As the disease is highly contagious, it spreads with great rapidity either directly or by intermediary bearers. The causative agent of the disease has not yet been discovered but there is no doubt that it is of specific origin and one attack does not render permanent immunity. The period of incubation is variable, usually from two to six days or possibly longer. The onset in cattle is accompanied by fever, loss of appetite, rough coat and profuse salivation. The mucous membrane of the mouth is reddened and vesicles appear about the third to the fifth day. These vesicles gradually increase in size, become filled with viscid fluid and finally burst, forming erosions and ulcers. Often they extend over the outer part of the lip and into the nose. Simultaneously there is a swelling about the hoof with subsequent formation of vesicles and ulcers; these make the animal walk stiffly and there may be secondary infection of the feet with loss of the hoof. In cows the disease is also frequently seen about the udder and teats. In all cattle there is a great loss in weight owing to difficulty in feeding and swallowing. During the course of the disease and for a long time after recovery the milk flow is greatly diminished and emaciation is pronounced. The mortality in ordinary outbreaks is from one to two per cent, although sometimes it is much higher.

"The disease in man is not uncommon and is transmitted through the ingestion of raw milk, butter and cheese from animals suffering with the disease. It may also be transmitted directly from the salivary secretions or other infected material which gains entrance through the mucous membrane of the mouth. Children are most frequently infected by drinking unboiled milk during the time in which the disease is prevalent in the neighborhood, while persons in charge of diseased animals may become infected through contact with the affected parts or by milking, slaughtering or caring for the animals. The disease is usually mild in man, and death practically never results except in weakened children and then from secondary complications. In any case of apthous disease the history should be carefully noted with special reference to the presence of Foot and Mouth disease in the neighborhood or at the source of butter and milk supply. The prevention of the disease consists in a cattle quarantine to keep it out of the country where it does not exist; in the elimination of the disease in cattle through isolation of the infected herds, destruction and burial of sick

animals and disinfection; the disease in man may be avoided by care in the selection of the animals from which milk is taken and by pasteurization or boiling of the milk when Foot and Mouth disease is prevalent in a community."

The Foundations of Carnegie and Rockefeller are beginning to meet with the disapproval of many educational institutions and associations, as well as that of well-informed medical journals. Perhaps the most decided denunciation of their activities is to be found in a resolution unanimously adopted at a recent meeting of the National Educational Association. The resolution referred to is as follows:

"We view with alarm the activity of Carnegie and Rockefeller foundations, agencies not in any way responsible to the people, in their efforts to control the policies of our state educational institutions; to fashion after their conception and to standardize our courses of study, and to surround the institutions with conditions which menace true academic freedom and defeat the primary purpose of democracy as heretofore preserved inviolable in our common schools, normal schools and universities."

In commenting upon this action of the National Educational Association the *California Eclectic Medical Journal* remarks:

"Quite a while ago we took occasion to point out that the Carnegie and Rockefeller Foundations were conceived under circumstances which made them inimical to a republican form of government. That their object was just the opposite of what they purported to be, and that their influence soon would be felt by our entire educational system. Exceptions were taken by our friends to our statement, that one of the effects attained would be to bias or warp the opinions of our educators in favor of the system and methods which made possible these pensions. That the whole plan was in fact a sort of bribe, was indignantly and particularly denied by those teachers who hoped to profit by its provisions."

**Typhus Fever** is now so seldom seen in this country that it is often thought to be a disease of the past. In fact, it is so rarely seen that physicians are numerous who have never treated a typhus fever patient. A typical case of the disease recently reported in the *Journal of the American Medical Association* is, therefore, attracting more than ordinary interest. The patient—a girl living on a farm—came under the observation of Dr. H. H. Newman, Washington, D. C. The case, he says, was puzzling to the physicians for a time and various diagnoses, typhoid fever, scarlet fever, measles, cerebral spinal meningitis, and Henoch's purpura, were offered. He says that his experience in this case leads him to agree with the recently offered view of Dr. J. F. Anderson that unrecognized typhus is not infrequent in our cities and may become a serious danger. Newman hopes his case will incite others to watch for similar ones that are liable to be overlooked.

In diagnosing diseases of the heart due consideration should be given to cardiac pain of a reflex or referred character. It is met with in chronic myocardial degeneration, fibroid or fatty conditions, atheroma of the coronary arteries, valvular aortic disease and aneurism of the aorta. The area affected is usually between the levels of the third and sixth ribs.

**Breast-pang** is a term often seen in periodical literature, and it will be well to remember that it applies to extremely severe pain felt in the upper part of the chest. The pain may extend to one or both apices and in the neck be felt as far as the angles of the jaw.

FYFE.

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## Original Articles

### Notes on Lactic Acid.

BY P. NILSSON, M. D.

I will limit myself to relating my own experience with this drug. This comprises its use in typhoid fever, alimentary intoxications of a typhoid type, in some nervous conditions, and as a general anti-pyretic. I generally use it in combination with other indicated remedies but feel quite sure of its action notwithstanding.

In typhoid I usually combine it in the beginning with Gelsemium and fractional doses of Tinct. Capsici. This I do to relieve the headache and nervous unrest present in the first stage. After two or three days I generally have to stop the gelsemium and add in its stead small doses of nux vomica.

My usual dose of the acid is m v in half a tumblerful of sweetened water, to be taken during 3 hours a little sip at a time. I generally notice a drop in the temperature in three or four days. It is wise to continue the acid a few days after the temperature has reached normal, unless, as sometimes happens, the temperature sinks too far below this point. I have never had any serious complications, such as perforation or hemorrhage, do not get any delirium to speak of and no distressing tympanitis with this treatment. My patients are encouraged to drink sweet or sour milk freely and are allowed strained oatmeal, gruel, custard and other light dishes. I have no confidence in peptones as dietary aid in typhoid.

I am generally through with the fever at the end of the second week. The only sequelae have been two cases of mild neuritis. Last January I had a typhoid patient, who would not take lactic acid nor any other acids without getting severe pains in the abdomen. This was a relapsing case, the first attack having been un-



recognized by the attending physician. I had intended to try lactic acid bacilli, but, unfortunately, I became sick with pneumonia and had to leave him in somebody else's care. However, this is the only case where lactic acid has disagreed.

In fever, due to auto-intoxication, as also in over-eating, I usually add Gelsemium and Rhus tox. I have never failed with this combination to bring about speedy recovery. This combination is also useful in convulsions in children, whether due to hyperpyrexia dietary indiscretion or in fact from whatever cause. One case of concussion of the brain, with coma, high temperature and involuntary discharges, subsided beautifully under its use.

In delirium tremens I have hardly ever used anything but lactic acid with gelsemium and capsicum. The first time I tried it in this condition was in a very severe case in care of the late Dr. Bell. He was wildly delirious and had a high degree of neuritis with wrist-drop and foot-drop. He was soon convalescent.

In a case of pneumonia in an alcoholic patient which I attended last April, the delirium persisted for almost a week after crisis. I hesitated to use the lactic acid combination, but finally decided to try it. The first teaspoonful made him quiet and caused a refreshing sleep and I had no more trouble.

The gelsemium rhus tox and lactic acid combination makes a very efficient, safe and agreeable antipyretic in pneumonia of children, as also in the aged. Sipped as a lemonade it is more potent and less depressing than other medicinal antipyretics.

In septicemia, whether of puerperal or traumatic origin, it is absolutely useless. I have great confidence in the drug in conditions indicated, as I have yet to find it wanting in results. Gelsemium rhus tox and capsicum, I class simply as adjuvants, as without the acid I have not been able to bring about return to normal.

New York City.

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### Prophylaxis Against "Colds."

In the case of a great many persons who each winter suffer severely from "colds," even involving the smaller bronchi, one of the most successful means of guarding against such infections is the systematic use of Cord. Ext. Ol. Morrhuæ Comp. (Hagee) during the winter season.

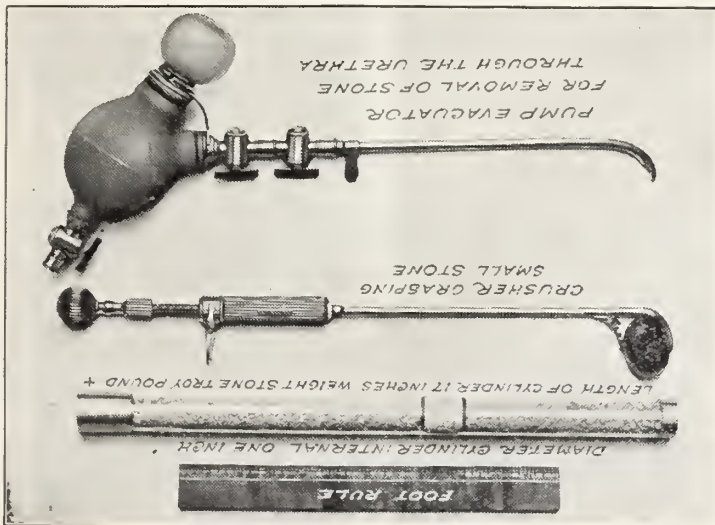
By means of this cod liver oil product, which is exceptionally palatable, the tissues, particularly the tissues of the respiratory tract are increased in resisting power against micropic invasion, in which phenomenon, of course, is to be sought the explanation of the power of Cord. Ext. Ol. Morrhuæ Comp. (Hagee) to reduce the likelihood of "colds."



## Litholapaxy.

BY LEE H. SMITH, M. D.

The removal of stone by crushing, and the washing of it out through the natural passages, is, in the hands of an expert, an incomparably superior plan to the removal of such foreign matters from the bladder by an incision which takes weeks to heal and subjects the patient to all manner of discomfort and misery. For the removal of stones less than an inch in diameter, it is the operator's custom to use local anaesthetic only. For this purpose morphia and scopolamine are injected about half hour before the operative procedure is begun. Then the bladder is filled with a one per cent. solution of novocain or



cocaine. At the neck of the bladder and prostatic urethra a couple of tablets of alypin are introduced by means of the usual urethral repositor and left to dissolve. We, then, usually fill the urethra with a three per cent. solution of cocaine, which is allowed to remain in situ for about five minutes.

A small French crusher is then introduced and the stone grasped within its jaws and by a slight rotary motion is freed from all possible inclusion of the bladder. Then the gravel is crushed. Half a dozen crushings are thus made, which usually reduces the gravel to a condition of small angular debris. These are now evacuated through the usual tube and hydraulic pump. With this the boric acid solution with which the pump is filled is gently surged out and into the bladder, and results in rapid withdrawal of the gravel. By this plan about 300 grains, per hour, can be removed without difficulty.

The local anaesthesia is good for about half hour's time. After that the parts begin to be sensitive, and if the stone is so large that it cannot be removed within this period, general anaesthesia (chloroform with amyl nitrate, one part to 200) is preferred by the operator, inasmuch as it does not tend to cause after-congestion of the kidneys.

Curiously enough the largest stones are amenable to this plan of removal better than by surgical incision. I take pleasure in presenting a case in which a stone weighing a few grains less than a Troy pound was removed by this plan, requiring about three hours' time for its complete removal by crushing and washing out. The stone was so large, and the patient's condition so miserable from the effects of long suffering, that operators had refused to remove it by incision, believing that it would surely be fatal. The patient's brother, who is a physician, was present throughout the operative treatment, and was delighted with the freedom from shock and his rapid convalescence. In a week he was able to return home perfectly free from the irritation of the stone and rapidly recovering from the inflammation that had been caused by its long presence in the bladder.

Mr. ————— of Rea, Missouri.

November 27, 1914: General anaesthesia was administered, consisting of chloroform with one part of nitrite of amyl to 200, on ordinary mask. Duration of entire anaesthesia 5 hours. No stimulants required.

Gravel was crushed and washed out without difficulty. On account of the enormous quantity (nearly a pound weight) it required some time. Very moderate anaesthesia only was necessary and patient went throughout without any unpleasant manifestations. The patient was up and around and able to go home in about a week's time. The pain, burning and discomfort had all disappeared. Bladder recovered to nearly normal condition very rapidly.

Examined by brother two years after treatment, and reported entirely relieved and in good general health.

I would recommend the continuous and regular use of this method of operation for the following reasons:

First: It can be done with local anaesthesia, and hence sufferers will apply for treatment earlier than they will if they have before them the fear of a cutting operation.

Second: Convalescence is a matter of two or three days, instead of from two to ten weeks.

Third: The parts are left in such condition that no secondary evils appear two or three years afterwards from cicatricial contraction. The plan is far less dangerous, and is applicable to cases in which the cutting operation is positively unsafe.

Conclusion: It is an operation that is absolutely devoid of danger or risk, there being no mortality where it is properly performed. Prior to operation in all cases salol, in 10-grain doses, with oil of wintergreen, should be administered three or four times a day for a few days. If the urine is alkaline and fermentative the use of hexamethylamin should be used, in 10-grain doses, with phosphate of soda, 20-grains, taken in a cup of hot water before meals. This will tend to produce a slightly acid and antiseptic condition of the urinary canal.

Buffalo, N. Y.

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### The Relation of Nose and Throat Disturbances to Many Constitutional Disorders.

BY DAVID ALPERIN, M. D.

It is very interesting from the point of view of the nose and throat specialist, to notice how many conditions are diagnosed and prescribed for in the routine practice of the general practitioner, conditions considered on the basis of a certain symptom or group of symptoms or on no basis whatever, without the slightest attempt at finding out the primary cause of the difficulty.

The condition is diagnosed and a certain place is assigned to it in the nosological scale of pathological conditions, and once so classified the treatment is a mere trifle; and though we may be phylacogen and polyvalent specialists, unless we give some consideration to the causative factor or factors, we are not so certain of striking the nail on the head.

The perfunctory and insufficient directions as to the prophylaxis, on account of the neglect of the etiology, results in an inefficient treatment which at best is palliative, *vis medicatrix naturae* will do the rest.

Many conditions are treated as primary affections that should be considered as sequelae or complications of nose and throat difficulties and treated accordingly.

I will not commit myself to figures expressing the proportion of pulmonary diseases, such as asthma, bronchitis, tuberculosis, empyema, atelactasis pulmonum, that are directly due to nose and throat difficulties. It is, in my judgment, fair to say that a great many diseases of upper and lower respiratory tract, eye, ear, functional disturbances of heart and stomach are traced to abnormal conditions and chronic affections of the nose and throat. Complications often met with, such as: inflammations and empyema of the maxillary anterior ethmoidal, frontal, posterior ethmoidal, sphenoidal sinuses, meningitis are to be attributed in the majority of cases to nose and throat troubles.

How many cases of purulent discharges from ear and eventually mastoid involvement in children and adults would have been cured and respectively prevented, if instead of giving douches, the adenoids were removed? How many cases of insufferable tinnitus aurium, sclerosis of membrana tympani, and desperate refractive premature deafness would have been avoided if the condition of the nose and throat would have been examined, and their relation to the condition treated and dismissed only after close scrutiny. Bear in mind the important relationship of nose and throat function, not only to contiguous structures such as: ear, eye, lungs, sinuses, but also to organs quite remotely located, such as heart, ovaries, etc. It is interesting to learn that a certain surgeon in England and some surgeons here have advocated the cauterization or removal of part or total extirpation of the inferior turbinal bone, in many cases of dismenorrhoea, and claim excellent results.

Many cases of vasomotor disturbances, so called nervous spells, anorexia, vertigo, etc., are due, in many instances, to nose difficulties, which while not diseases by themselves are troublesome enough to elicit to careful attention on the part of the general practitioner to their rational treatment. These various conditions enumerated above are very troublesome and some once established, in spite of very active and in the light of modern therapeutic possibilities scientific treatment, become chronic, and render the sufferer a life-long invalid and not infrequently terminate in exitus lethalis.

Many conditions otherwise obscure, become evident after examining the nose and throat, and the trouble will be worth the while.

I have intentionally left out everything pertaining to regional anatomy, histological and microscopical pathology, of the organs discussed, as the purpose of this exhortation was intended to show to the general practitioner the casual relation, of the nose and throat disturbances, to many difficulties we are called upon to treat, and if this will evoke the interest of all who read this, the mission of this paper will have been realized.

New York City.

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### Items from the Field of Neurology.

BY THEODORE ADLERMAN, A.B., M.D.

A state of mind which disturbs many cases seriously, producing even physical results, because of the burden of dread that hangs over them, is that in which attention is paid to premonitions of evils. There are two such conditions to be considered. In one there is a definite well defined feeling that some special evil, such as an accident in cars, a fire, or a fall is to occur. In another the mental condition there is a general feeling for the worst and that the patient

must get ready to meet it. The suffering produced by these feelings is very acute, a great deal more than can be realized by those surrounding the patient.

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The most important factor of the treatment of depression of mind is to secure an occupation which will catch the attention of the case and arouse the interest of the patient.

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Hallucinations are usually of two kinds, those which have to do with the ideas presented in the mind at the time of their manifestations, and those which are concerned with latent memory pictures. The first one is the more common, still in many cases we often find both. The first are those in which the patient describes as visions, which picture his ideas, and voices which are really his thoughts—as fast as they come into his mind, while the second class of hallucinations includes the association with things long past and forgotten.

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In the acute stages of insanity it is best not to discuss the hallucinations and delusions of the patient. A brief put positive denial of the truth of the imaginings of the patient should be made. As the case progresses such corrections must be made more often and with stronger assertions.

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Rabies differs in intensity in animals and in men. In the very grave cases paralytic features develop early, there is little excitement and death quickly follows. When the poisoning, however, is not so severe, the disease will run a somewhat longer course—and it is here that we find the great motor and cerebral unrest and excitement. In the existed period spasms affect the throat, swallowing becomes impossible, so that even fluids are shunned and the sight of fluid becomes unbearable. (Hence the name hydrophobia.)

Lyssophobia is a hysterical condition occurring in a neurotic, and is in a way a variety of hypochondreasis with the fixed idea of rabies.

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Comparatively very few idiots have crania in size fully up to the requirements of the normal man. In most instances the brain weight, although varying in each individual, may be only a little over that of the new born infant (300 grammes). While marked hydrocephalus is not inconsistent with considerable mental development, the majority of those afflicted with it are idiots of very low grade.



The periodic psychoses offer fewer signs of grave disturbance of the lower functions of the nervous system than the majority of mental derangements, even in the severer forms. The deeper reflexes are neither depressed nor exalted, the pupillary reactions are unchanged. The digestion is seldom disturbed to a pronounced degree. The urine, however, may diminish in quantity during the stage of depression, while in that of exaltation the flow is markedly increased.

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The role of syphilis in the production of insanities of childhood is somewhat uncertain and problematical. Down, Lange, and many others find that indications of specific troubles are comparatively rare among idiots and imbeciles of low grade. In conjunction with this comes up an interesting question: Why does neurasthenia and hysteria frequent the families of those who are tainted with congenital syphilis, and why are insistent ideas and the "folie du doute" found in these cases?

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Insistent ideas and compellent motor acts are by no means uncommon among children. The period of the awakening of the sexual instinct seems to favor to the evolution of the above, but still you may meet these ideas and acts as early as 7 years of age.

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It has been my fortune to meet individuals, who are susceptible to the effects of quinine. A small dose renders them slightly delirious for a short time, after which they return to their normal condition. Actual insanity following the administration of quinine is rare, but there are some cases on record. In one case a man of 49 years, who had never been insane, one dram of the sulphate taken daily for one month had induced active hallucinatory delirium lasting three days, from which he recovered when the drug was withdrawn.

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The treatment of acute mania offers better opportunity for an exhibition of skill and promises more results than any other form of mental trouble. Many of these cases can be treated at home providing there are enough attendants.

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Cases of agitated melancholia are often confounded with mania by reason of the motor agitation common to both. The difference is to be found in the poverty of associated ideas in the melancholia, and the depressive character of the delusions.

True manias and melancholias among men are affections of early and not of middle life, as stated in many books. With women, however, it is different: functional psychoses are relatively frequent between the ages of 35 and 50 years.

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One of the most difficult tasks is to differentiate chronic alcoholism of certain forms from true paresis. The intelligence is lowered, the patella reflexes annulled, when there is neuritis of the peripheral nerves. The tremor of alcoholism, however, is of a different order, it is a tremor "en masse" instead of being the fine fibrillary twitchings. The mental phenomena are also somewhat different. The alcoholic exhibiting hallucinations and delusions of jealousy and marital infidelity.

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The influence of suggestion by physicians is frequently traceable in the causation both of traumatic neurasthenia and traumatic hysteria. In many cases it seems as if these disorders owe their appearance (in a large part at least) to the fact that the patients have been told by physicians that they may some day have trouble with the spinal cord as a result of some accident. The examples of the bad effects of such remarks are very numerous.

910 St. John's Place, Brooklyn.

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## **Materia Medica and Therapeutics**

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to  
DR. J. W. FYFE, Saugatuck, Conn.

### **The Large and the Small Dose.**

Some drugs exert a directly opposite influence in large and small doses. When this fact is ascertained in regard to any given remedy its therapeutic indications are at once made apparent. If we learn the action of the large dose, and the location of its influence, we naturally come to the conclusion that the influence of the small dose is directly opposite. The action of ipecac affords an excellent illustration of the action of this class of drugs, for in large doses it is a good emetic and in small a remedy of great value in many cases of nausea and vomiting. The larger number of drugs, however, exert an influence of the same character, both in large and small doses.

## American Plant Remedies.

The great European war having made it difficult for the larger part of the medical profession to obtain their usual remedial agents, they are now beginning to view the situation with considerable anxiety. In pointing out the unpleasant condition which has been so suddenly and forcibly brought to the attention of American physicians and druggists, and suggesting means of relieving the situation, old school journals display an almost inconceivable ignorance of our indigenous medicinal plants, as well as a lack of knowledge of the study heretofore given to them as remedial agents. One of these journals—the *Marine World*—says that “it is a good time to turn to our native plants and give them what they *have never yet received*, a real scientific and *fair trial*.” The writer then, in substance, says that our knowledge of the native plants is but little more than that derived from their use by Samuel Thomson.

It is quite evident that the writer of the article published in the *Marine World* is not aware of the fact that for but little less than one hundred years thousands of Eclectic physicians have been diligently investigating American plants and their therapeutic action, or of the further fact that the results of such investigation and study have been recorded by Eclectic authors in their works on American materia medica and therapeutics. A thoughtful study of such books would do much toward enlarging the writer’s knowledge of the subject upon which he attempts to enlighten his readers.

In referring to the effects of the European War and the suggestions of the *Marine World*, the *Therapeutic Digest* continues the subject under the caption of the “Drug Plants of America” and presents the following interesting article:

“It has seemed worth while to compile a list of some of our indigenous drugs under a classification that will show their therapeutic application as compared with some of the foreign drugs that are affected by the war.

FOREIGN.	ANTIPYRETICS.	AMERICAN.
Antipyrin, Phenacetin, Acetanilid.	Gelsemium, Rhus Tox.	Aconite, Veratrum, Bryonia,
Opium, Cannabis Ind.	ANODYNES—ANALGESICS.	
	Conium, Cannabis Amer.	
Chloral, Sulphonal, Trional. Veronal, Urethane.	HYPNOTICS—SOPORIFICS.	
	Passiflora, Hyoscyamus. Piscidia.	
Bromides, Valerates. Valerian, Asafoetida.	NERVE SEDATIVES.	
	Scutellaria, Hops.	
Ergot, Savin, Rue. Apiol, Manganese.	EMMENAGOGUES—ECBOLICS.	
	Gossypium, Caulophyllum. Cimicifuga, Hydrastis. Mistletoe, Ustilago.	

## STIMULANTS AND EXCITANTS.

Nux Vomica, Ignatia.  
Belladonna.

Xanthoxylum, Hydrastis, Avena.  
Stramonium.

## HEART REMEDIES.

Digitalis, Strophanthus.  
Adonis, Caffeine.

Cactus, Apocynum.  
Crataegus, Scopolarium.  
Convallaria, Lycopus.

## RESPIRATORY AGENTS.

Ipecac, Squills.  
Drosera, Euphrasia.

Lobelia, Sanguinaria.  
Grindelia, Tartar Emetic.  
Asclepias, Terpenes.  
Ammonium Chloride.  
Cherry, Castanea, Allium.  
Yerba Santa.

## STOMACHICS.

Gentian.  
Calumba.

Collinsonia, Berberis Aq.  
Hydrastis, Kava Kava  
Quassia, Cornus Florida.  
Panax Quinquifolium.

Of laxatives, liver stimulants, intestinal astringents, we have by far the largest number and the most efficient in America. Casearia, Podophyllum, Leptandra, Iris, Chionanthus, Chelidonium, Taraxacum, Polymnia, Euonymus, Juglans, Jalap.

## ALTERATIVES.

Of agents influencing the character of the blood, we are scarcely influenced by European supplies. Iron and Iodine are widely distributed and generally obtainable. Echinacea, Baptisia, Berberis, Phytolacca, Stillingia, Rumex, Corydalis, Lappa, Trifolium, Thuja, Gaultheria, Natural Salicylic Acid.

## GENITO-URINARY REMEDIES.

Buchu—Uva Ursi.  
Tritieum, Juniper.  
Cantharides.

Epigea, Eryngium.  
Stigmata Maydis.  
Eupatorium purpureum.  
Kava Kava, Hydrangea.  
Rhus Aromatic, Saw Palmetto.

As to agents acting on the female reproductive organs, America has almost a monopoly, e. g., Viburnum (prunifolium and opulus) Seneccio, Helonias, Aletris, Caulophyllum, Gossypium, Tiger lily, Cyripedium.

## HEMOSTATICS.

Ergot Cinnamon.

Erigeron, Capsella.  
Urtica, Gossypium.  
Sumach, Ustilago.  
Black Haw, Geranium.  
Lycopus.

"Lycopus controls the circulation in the pulmonary tract without affecting the general circulation. Phytolacca induces a reduction in enlarged thyroids. Polymnia uvedalia causes reduction of the enlarged thyroid as it does of enlargements of the spleen. Leptandra acts on the liver with very little action on the bowels. Carduus removes the varicosis of pregnancy. Lobelia locally applied relieves rhus poisoning and is one of the best remedies known for bronchial asthma and is a good cardiac stimulant. Pulsatilla is useful for plethoric blondes, nervous, sensitive, with full veins and gastric disorders. Agrimony is of value in treating bronchorrhea. Passiflora relieves uncomplicated insomnia. Echinacea cures catarrhs when given internally. Hamamelis cures disease of the veins. Verbena is of use in some forms of epilepsy. American cimicifuga racemosa takes the place of coal-tar drugs in nerve pain. American cimicifuga racemosa takes the place of coal-tar drugs

in muscle pain. American aconite is of peculiar virtue in the treatment of the early stages of fever, especially with involved mucous membrane. American hellebore, or *veratrum viride*, is of especial value in the treatment of sthenic fevers, being often better than coal-tar derivatives. American hemp, or *cannabis sativa*, is a fair substitute for *cannabis indica*, more especially as a urinary sedative and in spasmodic conditions, or where opium disagrees. American *piscidia erythrina*, or Jamaica dogwood, is a useful substitute for opium, when given in full doses, especially as a cough sedative, in spasm and neuralgia and in pain with fever. American hops, or *humulus lupulus*, as well as lupulin, is of great value in the treatment of insomnia. It is a most valuable anaphrodisiac, useful in priapism and chordee. It also stimulates the appetite. American valerian, while not a narcotic, is classed as a nervine and acts upon the spinal centers. It is indicated in the nervousness of depression, chorea and other spasmodic conditions as well as in hysteria. American *ustilago*, or corn ergot, is a substitute for rye ergot, from Russia. In fact, we know its action to be excellent in uterine inertia. Then, too, we have American pituitrin to use in cases of labor. American *xanthoxylum*, or prickly ash, is a splendid tonic in lack of nervous tone and as a general diffusible tonic, stimulating the capillary circulation. More especially is it of value in catarrhal gastritis. American *stramonium*, or jimson weed, may be used as a substitute for belladonna. *Apocynum cannabinum* fills many of the indications of *digitalis*. *Cratægus oxyacantha* or English hawthorn growing in America, is another heart remedy. American *lobelia* is a splendid antispasmodic. American *sanguinaria*, or bloodroot, is a tonic and stimulant to the bronchial membranes much neglected because it has been given in too large doses. *Asclepias tuberosa*, or pleurisy root, acts nicely upon the respiratory tissues."

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#### **Ceanothus Americanus—Red Root.**

This indigenous plant yields a medicament of decided value in catarrhal states of the mucous membranes. In chronic bronchitis it is employed with gratifying results, and in wrongs of life characterized by sallow skin and expressionless face it exerts a corrective influence. It is also used with marked benefit in glandular enlargements, and has a special action on the spleen.

*Ceanothus* is astringent, sedative, expectorant and antispasmodic.

*Indications.*—Profuse secretion of mucous membranes; sallow skin; glandular enlargements.

*Dose.*—Fluid extract, 1 to 10 drops; specific medicine, 1 to 10 drops.

*Usual prescription.*—R *Ceanothus*, gtt. x to ʒii; water, ʒiv. M. Sig. Dose one teaspoonful every hour to every three hours.



**Cnicus Benedictus—Blessed Thistle.**

This agent has proved of great usefulness in the forming stages of many fevers and inflammations. It is employed in intermittent fever with satisfaction, and in some forms of dyspepsia it is regarded as an efficient remedial agent. It is especially valuable in debilitated states of the stomach, and in amenorrhea it constitutes a medicament of decided merit, especially when the suppression of the menses results from taking cold. It is also a valuable remedy in common colds.

Cnicus is a bitter tonic, diaphoretic, stomachic, emmenagogue and emetic.

*Indications.*—Debilitated conditions of the stomach; suppression of the menses from taking cold; common colds.

*Dose.*—Fluid extract, 10 to 30 drops; specific medicine, 10 to 30 drops.

*Usual dose.*—5 to 10 drops in a little water every four hours.

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**National Eclectic Medical Association.**

Just an advance notice for your Journal if it is not too late. The dates for the meeting of the National at San Francisco have been advanced one day so as to secure proper hall accommodations for our sessions. The dates for the meeting are June 14, 15, 16 and 17, with the 18th reserved and known on the Fair Grounds as "Eclectic Medical Day." There will be no regular program on the 18th, as we are unable to secure a hall for that day. This latter question of the 18th, however, is up to the directors of the National to decide.

Official headquarters, Lankershim Hotel. Rates (European plan): \$3.50 per day, without bath, one or two persons in room; \$4.00 per day, without bath, one or two persons in room.

Meeting hall near by seating 500 in Exposition Memorial Auditorium at Civic Center. The time when reservations for rooms must be made, and when a deposit will be required, will be announced later.

Sincerely,

H. Ford Scudder.

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Since Dr. Fyfe's editorial on the need of more Eclectics in Connecticut was published he has received a large number of letters from several States. The letters have all been gladly and promptly answered, as will be all others received in the future, but he will not object if each writer encloses a two-cent stamp in his letter.

## Selections

### A Professional Gamble.

Any imitation of a medicinal remedy is a gamble not only upon the reputation of the original product established solely through therapeutic merit, but upon professional standing and your patient's health as well.

The many instances of Hayden's Viburnum Compound, the original Viburnum product, best tells the story of the commercial greed of imitators who would profit at your expense and by the professional favor accorded H. V. C., as the original and reliable product in the treatment of Dysmenorrhea, Amenorrhea, Menorrhagia, Metrorrhagia and other Gynecological conditions.

H. V. C. is a product of known composition and from the fact that it has been accorded commendation by the medical profession for over 45 years, best indicates the therapeutic efficiency of this remedy, as well as the assurance of satisfactory results when the original and not an imitation is prescribed.

The manufacturers of imitation products care not for therapeutic efficiency, the foundation upon which Hayden's Viburnum Compound was built. It would seem advisable therefore that in administering H. V. C., that the original and not an imitation is given to your patients. Samples of the original H. V. C. with formula and literature will be sent on request to N. Y. Pharmaceutical Co., Bedford Springs, Bedford, Mass.

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### Specify the Brand.

Every now and then one is forcibly reminded of the fact that the pharmaceutical market of today contains many so-called therapeutic agents of doubtful medicinal value—agents of indefinite and varying potency. The point was well brought out, not so very long ago, by a certain chemist who purchased in the open market ten samples of tincture of opium in which the content of morphine varied from 2.7 to 22.8 per cent. Of three tinctures of aconite which he examined, one was found to contain 9 per cent. more of aconitine than the standard required, and another 20 per cent. less. Two specimens of fluid extract of the same drug contained 18.5 per cent. and 25.5 per cent. more, respectively, of the alkaloid than is officially required. Samples of belladonna showed 11.5 per cent. less of myrdiatic alkaloids in the fluid extract of the root, and 17 per cent. more in the tincture of the leaves. Some tinctures and fluid extracts of nux vomica revealed an excess of strychnine—in one case of 19 per cent.

The foregoing facts are called to mind by an announcement which is appearing in medical journals over the signature of Parke, Davis & Co., bearing the title, "Fluid Extracts and Tinctures of Definite Potency," and opening with this significant question: "When writing a prescription for a fluid extract or tincture, what assurance have you that the product dispensed will be medicinally efficient?—that it will be active, yet not too active?—that it will produce the therapeutic result that you hope for and expect?"

It is well known that Parke, Davis & Co. are authorities upon the subject of standardization, chemical and physiological, and it may be confidently asserted that the practitioner of medicine who reads and ponders what is said in the announcement referred to will find that his time has been well expended. The physician's obligation to his patient, it should be remembered, does not cease with the writing of a prescription. There remains the further duty to assure himself that trustworthy products are used in compounding that prescription. When he prescribes a fluid extract or tincture the physician owes it to his patient to specify the brand—the brand of a reliable manufacturer.

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#### **With Meat at War Prices, Eat Cheese and Beans.**

With meat at war prices every housewife should learn to make tasty and nourishing meals with wholesome substitutes to be had at half the price of meat.

Unlike some of the other foods we eat, meat not only supplies muscular energy, but it also repairs the wear and tear of the machinery of the body; it replaces the muscles, and bones, and nerves. In this respect, the human body is a far better machine than any engine constructed by man, for no way has yet been devised in which an ordinary piece of machinery can be kept from wearing out by adding iron to the coal under the boiler. Yet that is what the human body does, for the meat added to the food to repair wear and tear may be compared to iron added to coal in order to repair a worn-out engine.

While only the foods known as "proteins" are suitable for replacing wornout body tissue it is a mistake to believe that meat and eggs constitute an indispensable part of our diet. Many other foods, far less expensive than meat, are rich in protein and serve the purpose equally well.

One of the best substitutes for meat is cheese, and there are so many ways of preparing dishes of cheese that the housewife should learn to make use of this very wholesome food.

Another wholesome substitute is baked beans. Just look over the following figures and then learn to make cheese and beans an important part of your diet.

Roast Beef—(Moderately fat.) An average helping or portion, weighing  $3\frac{1}{2}$  ounces, contain 360 food units, supplies  $\frac{4}{5}$  ounces protein, and costs 8 cents.

American Pale Cheese—An average helping, weighing  $2\frac{3}{4}$  ounces, contains 360 food units, supplies  $\frac{4}{5}$  ounces protein, costs 4 cents.

Cottage Cheese—An average portion, weighing about 5 ounces, contains 170 food units, supplies 1 ounce protein, costs 3 cents.

Baked Beans (as purchased in can)—An average portion, about 9 ounces, contains 360 food units, supplies  $\frac{5}{6}$  ounces protein, costs 5 cents.

Other inexpensive foods rich in protein, and therefore capable of building up the body, are fish, eggs, oatmeal, lentils, dried peas and peanuts. Vary your diet and cut down your butcher bill!—*Weekly Bulletin, Dept. of Health.*

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**Medical War News.**—An American Red Cross Hospital has been established at Pau, and many wounded from Morocco are being cared for in the baccarat rooms in the casino. The Paris *Temps* says the organization of the hospital is perfect and the surgical skill is of the best character. It gives praise to Drs. Kirby-Smith and Fayerweather, the American surgeons in charge of the hospital, and their assistants and the nurses.

A correspondent of the *New York Times* telegraphs from Northern France that one hundred Canadian doctors have come over to establish a hospital, which promises to be one of the most magnificently equipped of the many which have come from all parts of the world. The spot chosen by the Canadians is a favorite seaside resort. Their building is the clubhouse of the golf club. Many of the contingent are French Canadians from Quebec. The medical staff took possession of the building on November 26.

An American hospital, equipped with forty beds, for the treatment of wounded Russian soldiers, the gift of the American colony, was opened at Petrograd on November 28.

A staff correspondent of the *New York Times* sends from Berlin a description of a new hospital train de luxe equipped by the Red Cross Association of the Duchy of Brunswick. It is the forty-eighth train of the kind presented to the government by the Red Cross Association or individuals. It consists of thirty-eight cars. The last car is the laundry and a storeroom for linen, bedding and clothing. The next car is stocked with food supplies, and the one in front of that is the kitchen. The fourth car is the operating room and storeroom for drugs and surgical supplies. Then comes the lounge for the doctors and nurses, and in front of that two saloon cars for wounded officers;

two sleeping cars for the medical and nursing staff, and twenty-nine hospital cars for wounded soldiers. In addition to these forty-eight privately equipped hospital trains there are a great many regular military hospital trains, besides trains of freight cars and ordinary passenger coaches, for the slightly wounded.

The report of the American Ambulance Board in Paris shows the cost for each patient per day in the American Ambulance will be less than 10 francs (\$2), as all the services of the staff of upward of 300 surgeons, nurses, orderlies, and managers are given free. There are now 350 patients in the hospital.

Mrs. Harry Payne Whitney's flying hospital of 200 beds is installed for the present in the college building at Juilly, France, not far from Compiègne. Dr. Walton Martin is chief of staff and has five assistant surgeons, Drs. Karl Connell, Donald Gordon, Henry James, and Karl M. Vogel, of New York City, and W. G. Drennan of Birmingham, Ala.; there are also fifteen nurses.

It is stated in *Paper* that there is an urgent demand from the Russian Army Medical Service for bleached cellulose, which has proved an admirable substitute for surgical dressings of lint and cotton. For the manufacture of this cellulose wadding, or cellulose cotton, as it is called, special machinery is required. The material was formerly imported from Germany, but now the Russians are looking to Stockholm for a supply. Absorbent cotton is said to be not readily obtainable in Russia. Surgeons in the Swedish army prefer cellulose cotton to any other material for dressings.

**Hospital News.**—The corner stone of St. John's German Lutheran Hospital in St. Paul, Minn., was laid with appropriate ceremonies on Sunday, November 15.

The new Mt. Sinai Hospital, Milwaukee, was dedicated on Sunday, November 15. The hospital is a six-story building, fireproof and soundproof, erected at a cost of \$160,000.

St. Francis Hospital at Cape Girardeau, Mo., under the charge of the Franciscan Sisters, was dedicated on Sunday, November 15, by Archbishop Glennon of St. Louis. The new hospital is a three-story and basement building, the erection and equipment of which cost about \$200,000.

A new wing of Hamot Hospital, Erie, Pa., was dedicated by Bishop Israel on November 21. The new structure is six stories high, absolutely fireproof, and contains fifty-six rooms for private patients, besides wards and operating room.

A new hospital for contagious diseases at Haverhill, Mass., was opened for the reception of patients on November 30.—*Record*.



### Surgery in Modern Warfare.

No one who heard the presidential address of Dr. Antoine Depage of Brussels before the fourth Congress of the International Society of Surgery held in New York in the Spring could fail to be impressed with its eloquence. The speaker when he delivered it little knew its timeliness, and moreover in the face of recent occurrences his proud boast that "it was the privilege of little Belgium to offer a meeting place for the learned of all countries, as she was covered by Europe herself with the shield of peace and liberty" has been disproved in the most terrible manner. However, Dr. Depage's address on the surgery of war was most valuable and practical, seeing that he had gone through the Balkan wars in the capacity of a surgeon.

Among other apt phrases used by the speaker was that the fate of the wounded depended above all on the aid given on the line of battle, for as long as the engagement lasted the ground was inaccessible to the ambulance men; hours passed during which wounded were helpless. It was therefore necessary to instruct every soldier in the principles of first aid to furnish him with a properly fitted surgical packet. He must realize fully the danger of infection from earth, dust and water. Of what use was a sterilized compress if it became soaked in polluted water? No operating should be done in the temporary hospital stations at the front; they should simply serve as places where the sick and wounded were sorted out. Violation of this rule in the Balkan wars produced deep suppuration in wounds. Operations must be reserved for the hospitals of the second line, which remained fixed and unchanged and should be manned by experienced surgeons.

Little has become known as yet with regard to the treatment of the wounded on the battlefield during the present war, and although the Balkan wars were noted for their ferocity, it is probable that the fighting now going on has never been surpassed in fierceness and in disregard for human life. Undoubtedly, so far as is possible, the wounded have been well cared for surgically, but the numbers injured have been so enormous that it is unreasonable to imagine that a considerable proportion of those struck by shell, bullet, or steel have been efficiently treated. There is a limit to human powers, and the power of the surgeons in this war have been taxed in many cases beyond this limit.—*Medical Record*.

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### What Colors Shall Be Allowed in Foods?

In connection with the general revision of the Sanitary Code which is now in progress, the suggestion has been made that a section be included prohibiting, for the purpose of coloring food or drink, the use of any coloring substance except the seven colors specifically permitted by the United States Department of Agriculture. The only section now in the Sanitary Code dealing with the use of coloring matters is a very general one prohibiting the sale of food substances

containing poisonous ingredients, or colored or coated or polished or powdered in such manner as to conceal damage or to make the article appear better than it really is. The means at hand for coloring food products may be conveniently classified as vegetable, animal, mineral or inorganic, and synthetic or so-called coal tar colors or dyes. Representatives of each of these have, at one time or another, all been used in the coloring of food, and the laws of various European and American States have, from time to time, prohibited the use of certain specified members or all of each or some of the foregoing classes. Because of their endless variety, the main difficulty in legislating against the employment of dangerous color has come from the so-called coal tar colors. For years it has been known that it is unsafe to attempt to predict the harmfulness or the harmlessness of these colors by inference or analogy; therefore the ideally perfect "permitted" list should contain only such colors as have each been examined physiologically, separately and specifically, and their harmlessness determined by actual test. The labor involved in such a study is, of course, enormous. Nevertheless, commencing in 1907 and continuing until January, 1910, the Bureau of Chemistry of the United States Department of Agriculture examined a large number of coal tar colors and finally permitted the use of the following list:

Red shades: 107 Amaranth; 56 Ponceau 3 R; 517 Erythrosin.

Orange shade: 85 Orange I.

Yellow shade: 4 Naphthol Yellow S.

Green shade: 435 Light Green S. F. Yellowish.

Blue shade: 692 Indigo disulfoacid.

The Department of Agriculture concedes that many other coal tar dyes are available, the physiological effects of which, however, are unknown. It is not plain that these dyes are harmful, but no proof satisfactory to the Department of Agriculture exists to show that they are physiologically harmless.

In matters of this kind it would seem good judgment to prohibit the use of colors in foods whose harmlessness had not been clearly proven. Moreover, the burden of proof should rest with the manufacturer employing the same.

The whole subject is a very complicated one and needs careful consideration. The Department will welcome suggestions from those interested as to the advisability of prohibiting the use of all coal tar colors excepting the seven mentioned above.—*Weekly Bulletin Dept. of Health.*

HEMORRHAGE, TINCTURE OF IODINE IN GASTROINTESTINAL.—The author finds tincture of iodine a valuable hemostatic in hemorrhage from gastric or intestinal ulcers. In one severe case of typhoid fever of hemorrhage persisted in spite of the application of an icebag and the administration of gelatin, lead acetate, opium, ergotin, and strychnine.

nine. The condition being critical, the author as a last resort prescribed tincture of iodine, in small doses at short intervals. The diarrhea and hemorrhage soon ceased, and the patient recovered after taking the mixture for twelve days without a sign of iodism. Five similar cases treated in the same way showed equally satisfactory results. The diarrhea was rapidly checked in most cases. When it failed, the diarrhea was very likely due to a mixed infection. In one case of intestinal hemorrhage of unknown origin, but probably gouty, the bleeding was likewise promptly arrested. In 4 cases of hemorrhage from a gastric ulcer the author found the action of tincture of iodine rapid. It also relieves the abdominal tenderness in this condition, and probably assists in cleaning and cicatrizing the ulcer. Nottebaum (*Deutsche Medizinische Wochenschrift*, December 4, 1913).—*Monthly Cyclopedic and Medical Bulletin*.

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#### Oil of Mullein.

Dr. J. M. French, of Milford, Mass., in *The Medical Standard* says: I have for a number of years been in the habit of using the oil of mullein, so-called, with excellent results in certain cases of deafness and earache, and believe that it may be worth while to call the attention of your readers to the matter. Especially is this true because there is but little to be found in current medical literature on the subject, and the most of what there is, is due to the researches of our eclectic and homeopathic confreres.

The plant from which this is prepared is known as *Verbascum Thapsus* the mullein weed, a plant of the natural order *Scrophulariaceae*, having large woolen leaves and yellow flowers in dense spikes. It is these parts, the leaves and flowers, which are used in medicine. The chief constituents of the leaves is mucilage, but the flowers contain an oil in very small quantity.

*Verbascum thapsus* is emollient, demulcent, diuretic, anodyne, and antispasmodic. It exerts a mild influence on the nervous system, quieting irritation and promoting sleep. It also allays bronchial irritation and lessens cough.

An aromatic liquid, prepared from the bloom of mullein, and usually called mullein oil, is an efficient preparation, and the only one which I have personally employed. It is beneficial in cases of difficult hearing, especially where there is a feeling of fullness in the ears. In these cases, three or four drops of the oil should be placed in the ear morning and night, and perhaps oftener. Well packed in the ear on a pledget of cotton, it relieves earache in children, and often in adults as well. Otorrhea is benefited by the same treatment. It is also useful in irritable and catarrhal conditions of the genito-urinary mucous membranes, such as nocturnal enuresis and subcute cavities.—*Medical Summary*.

### The Father of Preventive Medicine.

The early history of our hero is veiled in myth and mystery. Born of a persecuted race, adopted as a foundling by a princely house, forced to flee the country for committing murder, the subject of this sketch exhibited marvelous insight and remarkable power of administration and leadership. Although not a physician as we understand the term, and living long before the days of bacteriology, he yet was able to draft and enact a sanitary code whose guiding principles are still regarded as correct. In this code he originated an entirely new system of medicine, totally opposed to the prevailing plan. For the curative and therapeutic methods then universally followed, he substituted the more philosophic and wiser hygienic and preventive method. Moreover, in the regulations which he formulated, emphasis is laid on discharges from the body (blood, pus, mucus) as vehicles of disease, and on personal cleanliness and isolation as the chief means of preventing infection.

A hygienist whose influence has made itself felt throughout the world and the father of preventive medicine—we salute Moses, maker of sanitary laws.—*Weekly Bulletin Dept. of Health.*

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### Postal Regulations.

Statement of Ownership, Management, &c.

In accordance with the provision of section 467½ of the postal laws and regulations the following statement is made for The Eclectic Review published monthly at New York, N. Y., for October 1st, 1914.

Editor, Business Manager, Publisher and Owner, George W. Boskowitz, M. D., 242 West 73rd Street, New York City.

Associate Editor, John W. Fyfe, M. D., Saugatuck, Conn.

This is a scientific publication. There are no bondholders or mortgagees, or other security holders.

(Signed) George W. Boskowitz, M. D., Editor.

Sworn to and subscribed before me this 21st day of September, 1914.

Henry Brick, Notary Public, No. 303.

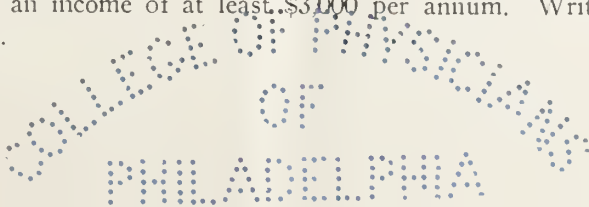
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### Items

Dr. Eli Denny, of Nassau, N. Y., is desirous of disposing of his practice to an energetic Eclectic. Dr. Denny is the local health officer, examiner for many insurance companies, and can insure the right man an income of at least \$3,000 per annum. Write him for particulars.





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Dr. Charles B. Graf has opened an institution called The Electro-Medical Institute, located at 131 West 39th St., where he proposes to reduce obesity by electricity.



# The Eclectic Review

## A Monthly Journal

DEVOTED TO

### Eclectic Medicine and Surgery

GEORGE W. BOSKOWITZ, M.D.,  
EDITOR AND PUBLISHER.

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GEO. W. BOSKOWITZ, M. D.  
242 WEST 73RD STREET, NEW YORK CITY.

Vol. XVII.

JANUARY 15, 1914

No. 1.

# Fellows\_Syrupus Hypophosphitum

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Vol. XVII.

DECEMBER 15, 1914

No. 12.

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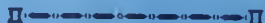
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